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THE  
AMERICAN  
JOURNAL OF INSANITY.

EDITED BY THE  
MEDICAL OFFICERS OF THE NEW YORK STATE  
LUNATIC ASYLUM.

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VOL. XIX.

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The care of the human mind is the most noble branch of medicine.—GROTIUS.

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## ERRATA.

The remarks of Dr. Jarvis on pp. 54 to 56 inclusive, should follow the remarks of Dr. Tyler on p. 71.

The remarks of Dr. Jarvis pp. 71 to 81 inclusive, should be transferred to follow those of Dr. Langdon, on p. 54.

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# AMERICAN JOURNAL OF INSANITY.

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## ESSAYS, CASES AND SELECTIONS.

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ON LATENT PHTHISIS IN THE INSANE. BY JOSEPH  
WORKMAN, M. D.

*Read before the Association of Medical Superintendents of  
American Institutions for the Insane.*

ACCURACY of prognosis in insanity, though very desirable in various respects, and though much more closely approximated than it was a century ago, has not yet been arrived at, and for a long time to come, may not be attained. Few who are largely conversant with insanity have not had painful realization of this fact; and prolonged experience teaches us to be very circumspect in the deliverance of either a favorable or an unfavorable opinion on the probable issue of a case, at an early period of our acquaintance with it. We have all seen recoveries where we had relinquished hope; and we have had to mourn over failures, where we once saw good promise.

It is very probable that one of the chief sources of error may be found in our inattention to, or ignorance of, those morbid physical complications with which the malady is so generally associated, and to which it may be more intimately related than we have suspected. It is doubtful if in many instances, or indeed in any, in which these complications are of fatal or intractable character, we ever succeed in curing insanity.

VOL. XIX. No. 1.

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To whatever extent we fall short of restoring our patients to sound health of body, to a similar or greater extent will mental recovery fall short.

Constant and exact observation of the general health of the incurable insane, and a rigid investigation of the diseases under which they finally succumb, must be of high importance to us, in enabling us in numerous instances to detect those negations of curability, which ultimately interpose their veto upon all our hopes and promises. We have become familiar with several physical complications, whose detection even at the very outset of insanity, or before mental aberration has yet been evinced, proclaim to us but too unmistakably, the utter hopelessness of the cases in which we observe them—general paralysis, epilepsy, injuries of the brain, advanced organized lesions of the heart, the lungs, or of any other important organ, hardly fail to assure us of the incurability of their associated mental disease. It would seem but little to affect our prognosis whether the brain itself—that organ to which we are wont to ascribe immediate or sole mental sovereignty—is or is not directly implicated; its functional integrity, whether primarily or only by reflex agency, impaired, will not be reconstructed so long as any lethal condition exists in any other important part of the system.

Of all the morbid complications of incurable insanity, none is perhaps more extensively present, or more certainly fatal, than pulmonary tubercular phthisis. Esquirol estimated that in one out of every four persons becoming insane, thoracic disease exists.

Georget has stated that he found more than three-fourths of the bodies of deceased insane persons examined by him, affected with lung disease; and that more than half of all the deaths in the Salpêtrière, proceeded from phthisis. It is my conviction that neither of the preceding statements exceeds the truth; and that general autopsical investigation in this country would establish the very same facts.

The average of a few of the principal English asylums, as shown in the mortality bills of their annual reports, would seem to be about one-third of the whole deaths, falling under



the head of pulmonary consumption; but unless the returns are based on *post-mortem* examination, they must be unreliable. It is my belief that the proportion of one-third is considerably below the true figure.

An equal proportion of deaths in these asylums, is shown to result from general paralysis; so that under these two heads alone we have two-thirds of all the mortality accounted for. If to these two-thirds we add the deaths arising from other formidable or intractable diseases, as epilepsy, apoplexy and other fatal brain-diseases, the various diseases of the heart, the liver, kidneys, intestines, spleen, uterus, and of the lungs besides phthisis, we shall have only a trivial remaining margin.

In the large asylums of England the mortality of the insane residents may be regarded as a pretty exact equivalent of the mortality of the incurable insane; and if their statistics show that almost the whole of their deaths arise from diseases of an incurable character, two highly important conclusions may be legitimately drawn from the facts. Firstly, that the incurability of the patients, remaining in this state, has proceeded from an adequate cause; and secondly, that the institutions have been efficient in the purpose of mental restoration, to the highest possible proportion.

The proportion of deaths arising in English asylums, as well as in those of Europe generally, from general paralysis, strikes the American alienist as frightfully large. Among males, the proportion of these cases is to those among females as 4 to 1; whilst under the head of pulmonary consumption, the deaths among females are to those amongst males as 3 to 2. General paralysis and consumption would not therefore seem to be numerically compensative in the sexes; but we must not overlook the fact that, in the four asylums from which I derive my numbers, the aggregate mortality of males from general paralysis and consumption, was to that of females as 3 to 2; or in actual figures, 126 to 85. In the four asylums referred to, a considerably larger number of women than men are resident, and as the one sex must ultimately die as well as the other, in a given number of years the figures

will come out accordingly ; therefore, if any one, or all of them, should show a larger mortality among men from all causes than among women, the figures must be for the time erroneous. Colney Hatch lodges about 50 per cent. more women than men ; yet its return of deaths for the year 1858 shows 81 deaths of males, and only 42 of females ; and a similar disproportion, though by no means so great, appears in the other asylums.

I believe it is not found in any country that a larger proportion of recoveries occurs in women than in men ; if, therefore, the unrecovered remain for life, the proportion of deaths must ultimately stand as that of the admissions, in the two sexes.

In the Toronto Asylum and its branches, where incurables are permanently detained, and there is a larger aggregate of female than of male residents, the annual mortality in the sexes is now numerically nearly equal, and as the institution grows older it will very probably present proportions corresponding to those of the admissions ; and if a predominance of pulmonary consumption in females should be found compensative for a predominance in general paralysis, or other diseases more largely incident to male patients, the aggregate proportion of deaths from consumption, which last year was found to be 50 per cent., has not yet been attained.

Though it might be expected that in American asylums, generally, the mortality from consumption would not fall below that of England or Canada, more especially, too, when we take into consideration the large figure filled up by general paralysis in English asylums, yet the bills of mortality given in annual reports would appear to prove quite the contrary.

Taking the returns given by the following six institutions contiguous to Canada, we find the recorded proportion of deaths from consumption, as compared with the whole mortality, as follows :



Maine Asylum,	.	.	.	.	.	7 in	31
Worcester,	.	.	.	.	.	3 in	22
Hartford,	.	.	.	.	.	1 in	9
Bloomingtondale,	.	.	.	.	.	6 in	29
Utica,	.	.	.	.	.	9 in	42
Kings County,	.	.	.	.	.	7 in	45
						—	—
Total,						33 in	178

Thirty-three deaths from pulmonary consumption in a total of one hundred and seventy-eight, appears to me a surprisingly small proportion, for the inmates of lunatic asylums; and I imagine it falls considerably below that of the population outside.

But a seventh institution, that of New York city, shows 48 deaths from consumption in a total of 118; which is double the rate per cent. of the average of the other six. Whence this great disparity? It may be alleged that the true explanation is to be found in the inferior original organization of the inmates of the metropolitan Asylum. I doubt, however, if this fact obtains. I am strongly inclined to the belief that the New York City Asylum records of mortality have been based, to a large extent, on *post-mortem* evidence, rather than on *ante-mortem* suppositions.

I have had overwhelming proofs, that without the revelations of the dissecting knife the most amazing errors of diagnosis, in the diseases of the insane, are quite inevitable; and unless I should be assured that the small proportion of deaths from consumption shown by the six asylums named, was a fact verified by *post-mortem* examination, I can not possibly admit its correctness.

In the Toronto Asylum, I have never, I think, realized less than 33 per cent. of deaths from consumption; and as I have already stated, last year it amounted to 50 per cent.

The great majority of insane patients dying of this disease present none of those symptoms which so clearly indicate its presence in other persons. They neither cough nor expectorate; they complain of no pain; they have no hectic exacerbations, no sweatings or colliquative diarrheas, or pulmonary

hemorrhages. They have not the keen appetite which many consumptives experience; neither have they the buoyant hope, the lustrous eye, or the death announcing cheek-flush of the consumptive. Their breathing does not seem troublesome or difficult, until perhaps only a few hours before death; and even then the defect seems to consist rather in muscular feebleness than in reduced pulmonic capacity. Many of them do not reach extreme emaciation. They gradually fade away, and glide out of life almost imperceptibly.

In 18 cases of consumption out of 21, which last year proved fatal under my charge, the condition of the patients was nearly as above described.

Is it to be believed that without the guidance of *post-mortem* examination I should have avoided erroneous registration of the true cause of death, in all the 18 cases of latent phthisis, above mentioned? I have, in the dead-room, too often had demonstrations of my own ignorance, and of my own imperfect observation and fallacious diagnosis, to flatter myself that I should have, more than approximately, stated the truth. I trust it will not be regarded as presumptuous in me, if I suggest that a more general recourse to *post-mortem* examination of the bodies of the insane in American asylums would prove that your institutions are contributive to the restoration of those sent to them, to as large an extent as possible; and it appears to me that no more satisfactory proof of this fact could be adduced than the demonstration by dissection, that the great majority of all your deaths arise from diseases universally regarded as incurable.

When, in asylum bills of mortality, we observe such terms as general exhaustion, marasmus, anemia, inanition, chronic mania, &c., &c., would it not be very interesting at the same time to know whether the patient was, or was not, free from destructive disease in any of the important organs of the economy? I have found that even a large proportion of chronic epileptics die of tubercular phthisis; and yet one might assign epilepsy of long duration, and of ultimate intensity, as a very plausible cause of death. Last year, an epileptic patient, whose residence in the Toronto Asylum had been



nearly 15 years, and whose epilepsy, I believe, had been from infancy, died of latent phthisis. Only by *post-mortem* examination could I have been led to a correct conclusion of the real cause of death. Not a single indication before death would have suggested the presence of the disease, or have led me to the employment of the stethoscope. Another died after nearly seventeen years residence. During life, clear indications of uterine disease were given, and we found this to exist: but the lungs were totally excavated by tubercular destruction. This patient also was exempt, until very shortly before death, from every indication of pulmonic trouble. A third patient, a man resident over seven years, showed in life indications of intense brain-disease; but *post-mortem* examination proved that the organ really diseased was the lungs. The duration of latent phthisis in asylums, may, I think, date from admission of the patient; and we might go behind this period as far as the first indication of ill health, or of insanity, would carry us. There may be some who will allege that the disease is developed by asylum regimen, or asylum impurity. I do not think that the physicians of asylums, who alone are qualified to give an opinion on the subject, will be disposed to concur in the allegation. My own belief is, that the lives of such patients are considerably extended, and not curtailed, by asylum treatment and comfort.

The extent of tubercular destruction of the lungs, as well as the period of diseased action arrived at before death, varies considerably. In a majority, cavities filled with pus, often very fetid, are to be found in both lungs, or only in one. In some, no excavation has yet taken place, but very extensive tubercular condensation is found; but I have seen a number in which neither condensation nor excavation was present. In these, however, the entire extent of both lungs was studded with discrete tubercles, generally about the size, and of the color, of boiled grains of rice. How long these bodies may have remained in a germinal form, or at what rate they have been annually multiplied, until at last by their immense numbers they have come to intrude so largely on the respiratory process as to diminish seriously the oxygenating capacity of

the organs, and fatally to deteriorate the process of general nutrition, would be very interesting questions. I have seen similar conditions of the lungs, at an earlier period of tubercular development, in subjects cut off suddenly by violent death, or by intercurrent fatal diseases; and in one case, that of a half-breed Indian boy, of ten years, who died of scarlatina, the discrete tubercles were almost as large and as numerous as in some insane patients, examined by me, after death. The half-breeds in Canada, brought down from the Hudson Bay Company's stations, nearly all die between the ages of 16 and 25; and the brother of the boy referred to died, I believe, before reaching 20 years, of consumption.

What may be the structural condition of the insane who are fully restored to reason, and who therefore go from under our observation, and survive many years in fair health, we fortunately are unable with certainty to declare: but as regards the unfortunate class who continue insane for life, whether that be long or short, it is my conviction that in every instance an adequate physical antagonism exists, to which their incurability is ascribable. If we have the opportunity of watching them till the close of existence, and then may avail ourselves of the privilege of opening their bodies, it will be rare indeed that we shall not discover the morbid agency by which our remedial measures have been thwarted. When we lay open the thorax, and introduce the hand to grasp the lobe of the lungs, we may discover, in an instant, the important secret; and when we carry the scalpel through these organs, we unfold mysteries of disease, which, hitherto undetected, may have involved the case in deep obscurity. That these revelations in insane asylums are multitudinously within our reach, I am fully persuaded; and that in American asylums they would be discoverable to a far greater extent than the bills of mortality of annual reports indicate, I have no doubt.

Now if, on extended autopsical research, we should demonstrate that the incurable insane are very largely affected with incurable bodily disease, and if we are warranted in holding that all insane persons, so affected, are generally if not uni-



versally incurable, will it not follow that the prognosis of insanity must depend more on the presence or absence of formidable bodily disease, than upon any, or on all, other circumstances?

Were we, however, to accept at full declared value the circumstance of submission to early appropriate treatment, not only as we ourselves may have been wont to speak of it, in our own annual reports, but even as writers of high authority and deserved eminence have extolled its merits, we might be led to believe, that in order to double the number of our cures we would have but to secure the transmission to our institutions of every insane person, within a month, or two, or three, from the outset of insanity.

Do we forget that we all have uncured patients (and to our chagrin, but too many of them,) whom we received at a very early date? Do we flatter ourselves that many of those cases, which, detained at home, have passed into the chronic stage before coming under our care, would have been cured had they come to us in right time? Only when we have followed them to the dead-room, and there discovered that they were untainted with fatal bodily disease, can we stand in a position to declare the probability; and I very much doubt whether, after a series of years of persevering inquiry of this sort, we would not be disposed to estimate the value of our services much lower than we, otherwise, might be disposed to do.

Elevate our insane hospitals to as high a point of excellence as we may, and impress on the public mind as strongly as we should, the great importance of early subjection to asylum treatment, lapse of time will show, that not in high increase of the number of the cured will the result be traceable; but rather in the greater comfort and quietude, and the better habits, of the uncured. And surely an establishment that secures the latter blessings, is the very best for securing the former.

The restoration of the insane to reason and usefulness, is a great and good work; but it has been a work accomplished long before lunatic asylums were managed or constructed, as

they now are, in enlightened countries. The recovered insane may afford to forget much that is bad in asylums, where they were cured; but the uncured have an abiding interest in all that relates to improving benevolence, and Christian gentleness, in the direction of the houses in which their lives are to be spent. And the country which does not make the comfort and happiness of this class the highest object of asylum organization, falls short of its real duty; and who does not know that only under the kind administration of the modern lunatic asylum, can the happiness and well being of the insane be secured to the largest possible measure?

## ON RECENT PSYCHOLOGICAL LITERATURE. BY

J. PARIGOT, M. D., HASTINGS UPON HUDSON, N. Y.

ACCORDING to a mercantile opinion full of positiveness, which says that "certain books come only to market in proportion of a real demand," it appears we may congratulate the profession on occasion of the sale and profits made by booksellers who deal in works of psychology. In no period has the number of these been so great as it is now in Europe, and certainly there must be an increasing taste, or else some necessity, for studying what some persons call an abstruse science; since editors are well known to speculate very little in printing, or even copying such books.

From the dawn of philosophical inquiry to the present day the *γνοθη σεαυτον* has always been the angular stone of science. But as in antiquity medicine was only a branch of wisdom, and since divinity and philosophy were associated with it as fundamental parts, one man could but with difficulty keep pace with their respective progress and extension. It must have been about the flourishing of the school of Empirics that the Socratical maxim was somewhat abandoned by physicians. During and after the Galenic and Chemical schools, philosophical investigation was completely lost sight of, and the celebrated Stahl, in spite of his erroneous theory



of *animism*, is certainly the first physician who, about a century and half ago, re-united the two branches, constituting them a complete and real unity, called the science of man. It has been a hundred times proved that to understand the moral and mental faculties, it is necessary to be acquainted with the structure and functions of every apparatus of organs of the human body. But the material part of our organism being known, as well as possible, why should physicians leave their work imperfect by neglecting the study of the human soul, which alone makes man superior to, and different from, the brute animated creation? It is evident that a physician who undertakes to treat a sick man should know, in case either of the sanity or insanity of the mind of his patient—for it makes no difference—the integrality of all the moral causes, whether subjective or objective, and also the sum of the physical causes, which may disturb the equilibrium of the two principles. In every common medical or surgical case, nay, as we see by consequences of victories or defeat of armies, both principles, although incommensurable to each other, are always acting and influencing each other. In the most terrible of maladies, insanity, their respective abnormal condition troubles their mode of union, that before permitted reason in their substratum, the human mind. Philosophers should therefore know more about medicine, and medical men much more about philosophy than they generally do. Seneca said: “*Nec philosophia sine virtute est, nec sine philosophia virtus.*” Can this axiom not be freely translated in favor of our proposition by, “No medical knowledge is complete without psychology, and, vice versa, no psychiatry can exist without profound therapeutical science.” In our time especially, when so many causes have given to moral agents a preponderance even in general pathology (for there is now hardly a case beyond their reach, especially owing to the preponderance of nervous and asthenic dispositions in the community,) the necessity of returning to the great questions of the origin and working of our faculties and passions is felt by every real lover of science. In proof of this fact, let us remark that most of the recent medical

works answer to the necessity felt by the public. The best recent treatises have been condensed (with great labor of their authors) from the voluminous annals of recent observations. They also generally bear the title of "manuals," "practical outlines," "principles," &c., and their aim is evidently to initiate practitioners in a department entirely neglected in the medical schools both of Europe and of America. We might perhaps say that these so-called elementary treatises are perhaps as useful to professed psychologists as to other physicians, because true science is still in its first period of development, and that, especially regarding its therapeutics, it must be confessed that very little has yet been done. Still, the fact of the great multiplicity of essays shows that the writers of all these books, who are generally men of the highest standing in the profession, must have been impressed with the necessity of lessening, if possible, the great number of chronic and irremediable cases, which arise daily from the total ignorance of the symptoms, not only of obscure diseases of the brain, but of the simpler forms, and of an early treatment of such infirmities. Thus, by a law of necessity, medical psychology, although speculative and abstruse in some of its facts, attracts every day more students, on account of its useful applications, and by a just reaction, the result of it is an increasing store of information of that difficult branch of medicine, the *neuroses of the intelligence*.

Excepting the well known and still much appreciated works of Pinel, Daquin, B. Rush, Chiarurgi, and later those of Heinrich, Prichard and Esquirol, few books have been generally accepted as classical ones. In English we possess but a few translations of French and German authors. If in this respect there is a deficiency, materials have been accumulated in an extraordinary amount in our special records. Books have been published here and in England equal in value to any that exist in psychological literature. Every contested point or interesting case has been either submitted to the criticism of the press, or to public debate in the associations of medical officers of asylums, and in medical academies. Journals of psychiatry have not only acted as faithful reporters of the



state of the science, but they have kept their readers in every country *au fait* with the discoveries made by such men as C. Bell, Müller, Magendie, Matteucci, Marshall Hall, Claude Bernard, and last not least, the American Brown-Sequard.

In the presence of these treatises and meritorious volumes, we may perhaps be permitted to express the wish that a Humboldt should rise amongst so many talented men to make a *Kosmos* with them all, and thus erect a complete monument; it would certainly be the most curious and useful work in our times. The description of the moral world with its grandeur, miseries and diseases, would lead to an instructive contrast with the beauties and harmonies of the physical world, as described by the forever celebrated Prussian philosopher. This is not an idle wish made for the advancement of science; the *savant* who would by a general synthesis show the relations existing between physiological and pathological psychology, will render us the greatest possible service, since it is the very link wanted to bear upon the rational therapeutics of insanity, and we believe it is not beyond the reach of a powerful mind.

Meanwhile, let us continue to acknowledge the value of observations made in a more limited field. We are glad to have to mention here the advantage derived from many intelligent writers who have, at least, laid down the chief landmarks in such an immense field, during what may be considered a period of transition to a more advanced state of psychiatry. No doubt much more would have been done if we had not found that all our attention was necessary first to ameliorate the material condition of the insane, who, some thirty or forty years ago, were completely abandoned and ill-treated. The necessity we are placed in to administer the economical part of asylums has had the bad effect to divide the attention of psychiatrists; and the proof of this is to be seen in their writings, which have been perhaps more applied to administration and architecture than to special therapeutics. This can not easily be amended, because the moral influence of an asylum medical officer on his patients



must be supported by the material direction and control of everything that touches or concerns the insane's interest.

Much has been said in favor of and against different medical theories which appeared with beginning of this century. Speaking of some of them, our aim is only to justify the point of view we take on the actual state of psychological literature. Three schools, the spiritualist, the somatic and eclectic, have divided the psychologists; and their principles correspond to several systems of philosophy which have been in favor during the same lapse of time. This could not have been otherwise; for, from the Greek schools to the modern philosophers of Germany and England, each doctrine has furnished arguments to medical theories. From the most exalted mysticism down to materialism and scepticism, all schemes have been tried and fostered under the reigning opinions. It may appear curious that so many different views could have existed amongst writers who have a definite object in their philosophical researches; namely, to adapt rational principles to facts, those of health and disease affecting the individual and social life. It may appear easy to agree with Feuchtersleben, who says, in his admirable little treatise on *Dietetics of the Soul*, that we ought only to confine ourselves to study the moral principles of the soul, acting specifically on the body. Whatever may be said and written against this opinion, we believe there can exist no experimental psychology without a metaphysical basis. Spirit and matter are two incommensurable entities, it is true; but their union in man is patent; therefore this union can not possibly be understood except in one way,—that *mind is the product of two factors, soul and life*,—and thus only the manifestation of a spiritual, pure, incommensurable principle, by organs which have but the attributes of matter. We say this in spite of recent theories, which pretend that no theory of mind and body can be established satisfactorily to our reason, and that metaphysics is a completely useless study for physicians. If the study of man, must, in our opinion, begin by the analysis of mind, facts present themselves to our observation which are as positive and undeniable as the most material accidents affecting our senses. Now, the

synthesis of all these data brings us necessarily to a cause, and here we must say with the poet, *Felix qui potuit rerum cognoscere causas!* for, a real synthesis of our faculties embraces our subjectivity in its *necessary relation* to the divinity.

The two great systems of antiquity, those of Plato and Epicurus, correspond nearly to those of spiritualism and materialism of our days; this last system claims that sensation is the foundation of all our faculties. Materialism considering only matter and its properties, ideology becomes then but a part of zoology, and to think is but to feel the relation between the perceptions. The great object of life, in that system, is to enjoy it the best we can; and its morality does not surpass utility. The consequences of such principles are easily to be guessed concerning insane persons, and our duties towards them are but little or nothing. But materialism does sometimes recognize another principle, that of divinity being only united in matter itself, when it is called pantheism. Now, such doctrine, pretending that the world is but a manifestation of God, not his creation, reduces psychology to fatalism: the negation of the spontaneity of the mind and its influence on the body admits of no real personality, which is lost in the mechanism of the universe. Leaving out the high reasons afforded by religious feelings, and considering only the laws of our moral nature, we may ask what becomes of our rights and duties in a system admitting no justice, neither a providence? Psychiatry proves, in our opinion, the error of pantheism, for insanity depriving man of the attribute of liberty, he loses the principles which have not the least relation with matter, the knowledge of God, and the practice of justice. Materialism and pantheism come to the same consequences towards insanity, which from this point of view is a mere disorganization of the human frame, which requires only physical treatment. Lately a few English and French authors have more or less followed principles which might be brought back to materialism or scepticism. First, it has been doubted whether it was necessary at all to have recourse to the analysis of mental faculties to inquire about the functional factor of the nervous



system. It appears curious to propose such a curtailed means of inquiry, when every body knows that beyond those myriads of nervous fibres of the brain, its cells, nucleoli, and neurine, beyond even the nerve-force so little known, nothing is left sensible to our limited means of material observation, and still there remains *something* which we may only follow and comprehend with the mind. Pure mental phenomena can only be seized by a power of an identical nature! But some medical writers seem to think that intellectual functions, and the organs serving to their expression, might be compared and assimilated to those of our vegetative functions; they appear to look for the possibility of an anatomical link between animal and spiritual life. At least this is what can be deduced from arguments such as the following; for instance, that since it has been found that some bodily functions, which before had been considered as being under the influence and control of the will, are now found free from such bondage, and since an automatic centre exists for animal instincts and reflex motion, why should feelings, will, and perhaps *thought* itself, not be found depending upon a pre-arranged system of impulses lying in the ganglia of the cerebrum? No doubt we should be nearer a solution if each mental function could be located in a part of the brain; still, we do not see the possibility of avoiding some dogmatic arguments to explain the activity of our *ego*. The metaphysical certitude we possess could not, even then, be changed with advantage for a physical one, which can never itself be perfect. Who could make us believe that the immanent law of development, which, as it has been understood until now, rules over plasticity, would extend itself to reason and feelings by an *ascending tendency* of every atom of organized matter towards perfection? No more could any observer and thinker believe the phenomena of thought to be the result of combinations and associations of primary ideas depending on certain laws of suggestion, and thus to be *unconscious* in its first stage: neither can it be admitted that volition should depend upon a rush of activity in a given nervous organization of our frame. In this most extraordinary system, our mind should

be the result of an *unconscious* principle, which, in its progression towards perfectibility, is changed into a *conscious one*. All this is but sophistical, for it is, under another form, to ask for the relation between soul, mind and body. These are, nevertheless, the philosophical consequences arrived at by the anatomical school of Paris, admitted, it appears, by some English authors, in their publications on psychology.

The German schools of philosophy, followed by several recent writers in psychology, although the greatest part of them professing pantheism, have not adopted such narrow views. Generally, they estimate that man possesses, if not the *innate ideas* of Descartes, at least subjective forms of intelligence, which can be considered as the power of forming abstract ideas. It is what they call the spirit (*Geist*.) It is certain that, if man possesses only two sorts of notions, namely, abstract and concrete, these two sources of ideas can not be isolated one from another in our conscience. By a natural law of the mind, we must employ them both at the same time; for, from facts and concrete subjects we conclude to ideal and theoretical notions, and after having conceived abstract ideas, by the same law we are obliged to give an objective form to ideal or pure subjective notions. Now, which of them is the first source we take our recourse to, it appears useless to dispute upon. Evidently two sorts of worlds do exist; the one is intellectual, and the other sensual. Man participating in both of them, or being the only link that exists between them, it is impossible to place him entirely and exclusively in one or the other. How then to admit that our thoughts could be under the immediate suggestions of matter—that our will has its sources in instincts? Between our free-will and reason, which belong without dispute to the immaterial world, and our instincts and our corporeal necessities, there is such distance that no theory will ever be able to unite them.

Regarding the school of spiritualism, which in psychiatry had for representatives the celebrated Heinroth, Ideler, Leuret, and in some respects the late celebrated Guislain, who admitted that insanity took its source in our *emotivity*, that school



has certainly gone too far when she has taught that insanity was a disease of the soul for which no medical treatment could avail, but only the so-called *moral treatment*—enforced by punishment, according to some psychopathists. In that system, insanity is considered as an excess of our sinful nature, which has deviated too much from its primitive purity ; then, like the philosophical school in which chastisement and penance is the rule of human life, despotism its government, and mysticism its esthetics, the consequences were for lunatics (accused anciently of being possessed by the evil spirit,) the chains, dungeons, instruments of torture, which the last century has left us to execrate. I need not add, that Guislain recommended only gentle and effective means to soothe an excess of *emotivity*, but still believed that some moral suffering was beneficial in many cases.

If we are not mistaken, and if insanity is a disease of the *mind* only, it should be clear that pure spiritual insanity can no more exist than a corporeal or material insanity. Both are fictions, but the symptoms of a diseased mind must necessarily be moral and somatic at the same time. Who could pretend that the body, in its material conditions, has any similar properties to those we attribute to the soul ? but as to the manifestation of the soul in the body, constituting the substratum of our moral principle, and which is the human mind, every one understands that it is subject to all diseases and conditions of life. Then the mind is not to be confounded with the soul, of immortal and unalterable condition, neither with the body and its organs, which are submitted to the laws of change and alteration. In a word, *soul* and *life* are the two factors of mind.

As the number of German works far exceeds that of any other country on psychiatry, it is perhaps necessary, before concluding this article, to mention the philosophical tendencies of some of their most celebrated philosophers.

First, the well known Em. Kant, although he swept the school that took for its dogma, "*nihil est in intellectu quod non prius fuerit in sensu*," and established the difference between sensation, perception and judgment, still he appears to have



given up the material world to fatality. It should be only a concatenation between cause and effect, acting under immutable laws. Notwithstanding some sort of exception for the soul, which, according to him, is not subject to universal necessity, he considered the laws of thought as being only forms of our sensibility. Upon this he established his categories of the human understanding, and its consequences were that the only reality of the thought in nature was the subject itself. He was the founder of idealism. Pushing further the same principles, Fichte made of the *ego* an infinite activity producing the universe; so that the body is only a phenomenon of the mind! Schelling pretended that all the laws of nature were to be found in the laws of our conscience; so that subjectivity and objectivity were identified in absolute idealism, or pure reason. At last, the celebrated Hegel would not admit absolute reason as an intellectual intuition, and concluded that the future harmony between the subjective and the objective elements, the *ego* and *non-ego*, will be the conquest of science alone in its ultimate result. But, according to a theory which appears to us more probable, and which was proposed by Krause, the criterion of truth is impossible in ourselves. We must receive it; for, subjective notions will always be different from reality, just as knowledge must remain distinct from its object. Then Krause has adopted the formula that "all is in God," and its consequences are, that the only metaphysical certitude is that of the Divinity, from which knowledge are derived our duties and rights. We need not attempt to separate between this formula and the pantheistic one that "all is God." Now, the object of our studies appears itself to give us light upon some of these metaphysical difficulties. It is easily understood that in the pure ideal world, there can not be a difference between thought and reality; but in our natural world, with our imperfect instruments of knowledge, we can only find a criterion of relative truth in philosophy. Thus it must be by the power of our reason, the sanity of our will and feelings—it must be by the sanity also of our perceptions, and in some measure by the conformity of opinion of the generality, that

we may judge, with certitude, from a conception to its reality. We know this not to be the case with the insane, who conclude from their sensations and thoughts to a reality which does not exist.

If we consider that our only greatness depends upon a reflection of the divinity in our soul, we can readily conclude that for this spiritual principle, there is but one necessity, *the aperception of God*, and that no material cause can injure it. But is it the same with our mind? This question we are going to examine.

Certainly the school of spiritualists has gone too far when it supposed that in insanity the soul could be diseased. Then, of course, there was no physical treatment possible; nothing but a moral treatment, which several physicians thought to consist in violence and punishment, could be adopted. We have not to consider the nature of spiritual error, but in that false system insanity is held as an excess of sinful disposition, which has too much deviated from its state of primitive purity. The consequences of these opinions are to be seen in a few old asylums for lunatics, where such means were employed. It is almost astonishing how much ingenuity was spent in diabolical inventions for torturing patients!

If we are not mistaken, insanity is only a disease of the mind; and if spiritual insanity does not exist, it can neither be a pure corporeal or material disease. What every psychopathist is certain of is, that the symptoms of insanity are of two kinds, mental and physical. Is it not then the manifestation of the soul that we observe in the phenomena of the human intelligence, and can the mind not be liable to diseases of its instruments? The pretension that the body in its material condition can give rise to similar phenomena as the soul, is unphilosophical. The mind, as a result of two factors, immaterial and material, can not also be confounded with the soul. A mental disease may originate in a defect of our mind, in sin or error, and in its turn, the body alone, without any moral or intellectual defect, by its own liability to disease, may affect the mind with insanity.

After these two schools, the Eclectic was formed, and its



base is rationalism. The two principles constituting man are recognized; the analysis of conscience, and at the same time psychological observation, are employed to recognize the mental symptoms of insanity, and conjointly are the physical or physiological symptoms of the body employed to ascertain the material disease.

As we have said, since about ten years many treatises on psychiatry have been published, all based on different ways of investigation, but whatever be their philosophical principles, their therapeutical part has shown how little we are advanced in the cure of those diseases. However, we may say that the general attention is now directed to that most important point, and the proof of it is found in the treatises of Feuchtersleben, Griesinger, Guislain, Leidesdorf, Morel, Flemming, Speilman, Sigonowitz, the very remarkable work of Bucknill and Tuke, and the quite recent ones of Dr. Heinrich Neuman and Dr. Erlenmeyer—works we intend to examine in a future communication.

ANNUAL MEETING OF THE ASSOCIATION OF  
MEDICAL SUPERINTENDENTS OF AMERICAN  
INSTITUTIONS FOR THE INSANE.

The Sixteenth Annual Meeting of the Association convened Tuesday morning, June 10th, at the City Hotel, Providence, R. I. The following members were present:

Dr. W. H. ROCKWELL, Vermont Asylum for the Insane, Brattleboro, Vt.

Dr. J. H. WORTHINGTON, Friends' Asylum for the Insane, Frankford, Philadelphia, Pa.

Dr. J. S. BUTLER, Retreat for the Insane, Hartford, Conn.

Dr. ISAAC RAY, Butler Hospital, Providence, R. I.

Dr. JOHN E. TYLER, McLean Asylum for the Insane, Somerville, Mass.

Dr. GEORGE C. S. CHOATE, State Lunatic Hospital, Taunton, Mass.

Dr. JOHN P. GRAY, New York State Lunatic Asylum, Utica, N. Y.

Dr. R. HILLS, Central Ohio Lunatic Asylum, Columbus, Ohio.

Dr. HENRY M. HARLOW, Maine Insane Asylum, Augusta, Maine.

Dr. MERRICK BEMIS, State Lunatic Hospital, Worcester, Mass.

Dr. JOSEPH A. REED, Western Pennsylvania Hospital for the Insane, Pittsburg, Pa.

Dr. OLIVER M. LANGDON, Longview Asylum, Cincinnati, Ohio.

Dr. E. H. VAN DEUSEN, Michigan Asylum for the Insane, Kalamazoo, Mich.

Dr. ANDREW FISHER, Malden Lunatic Asylum, Canada West.

Dr. H. A. BUTTOLPH, New Jersey State Lunatic Asylum, Trenton, N. J.

Dr. JOHN CURWEN, Pennsylvania State Lunatic Asylum, Harrisburg, Pa.

Dr. JOSEPH WORKMAN, Provincial Lunatic Asylum, Canada West.

Dr. J. P. BANCROFT, New Hampshire Asylum for the Insane, Concord, N. H.

Dr. J. H. WOODBURN, Indiana Hospital for the Insane, Indianapolis, Ind.

Dr. EDWARD JARVIS, Private Asylum, Dorchester, Mass.

Dr. E. R. Chapin, Kings County Asylum, Flatbush, N. Y.

The Convention was called to order at 10 o'clock, by the Secretary, Dr. John Curwen, of Pennsylvania.

In the absence of the President, Dr. Andrew McFarland, of Illinois, Dr. W. H. ROCKWELL, of Brattleboro, Vt., was chosen President, *pro tem*.

The Secretary read the minutes of the Fifteenth Annual Meeting held in Philadelphia, in 1860, and also a record in reference to the postponement of the meeting appointed for last year, "on account of the excited state of the public mind caused by the violent efforts to overthrow the established government." Both the above were approved and accepted as the records of the Association.

The Secretary read a letter from Dr. W. S. Chipley, of the Eastern Lunatic Asylum, Lexington, Ky., stating the reason of his absence from the Convention, his attendance being required upon the wounded of the army of the Southwest.

The Secretary also read a letter from Dr. Andrew McFarland, of the Illinois State Hospital for the Insane, at Jacksonville, Ill., stating that the late battles in the Southwest, a large number of the wounded being from his own State, made it impossible for him to be absent from home. Dr. McFarland also resigned his office as President of the Association.

Dr. Ray, of Providence, then moved that the President appoint a committee to nominate officers of the Association. That committee consisted of Drs. John E. Tyler, of Mass., John P. Gray, of New York, and R. Hills, of Ohio.



The committee rendered its report, which was adopted, and the following elections accordingly were made :

*President.*—Dr. T. S. Kirkbride, of Philadelphia, Penn.

*Vice President.*—Dr. John S. Butler, of Hartford, Conn.

*Treasurer.*—Dr. O. M. Langdon, of Cincinnati, Ohio.

The following committees were appointed by the President :

*On Business.*—Drs. I. Ray, J. S. Butler, J. H. Worthington.

*On Resolutions.*—Drs. G. C. S. Choate, John P. Gray, A. Fisher.

*On the Place of the next Meeting.*—Drs. M. Bemis, E. H. Van Deusen, J. A. Reed.

Dr. John E. Tyler presented a series of resolutions in relation to the decease of Dr. Luther V. Bell, a former President of the Association, who had died since the last meeting.

Dr. Tyler said :

It is my painful duty to announce to you an event now chronicled in the sad history of the last year, which is of deep and mournful interest to the members of this Association—the death of Dr. Luther V. Bell, a painful duty indeed, and yet a grateful one, if by anything I could say or do I might measurably signify my unbounded sense of that great and good man's worth, and the reverence and affection with which I and those with whom I daily meet cherish his memory. But any words of mine in eulogy of his character would come so utterly short of what I would say and of what ought to be said of him here, that I am forced to silence, knowing that these resolutions which I beg leave to offer will meet with your most respectful consideration, and call forth a becoming tribute to his memory.

*Resolved,* That the members of this Association have received with emotions of profound sorrow and regret the announcement of the death of Dr. Luther V. Bell, a past President of this body, and one of the most eminent and distinguished of the many great men who have ever adorned the medical profession ; that we desire to place upon record our full and grateful appreciation of his able and unwearied efforts and success in diffusing and establishing correct and enlightened

views of the nature and treatment of mental disease ; that we are deeply impressed with the remembrance of the disinterestedness, kindness, dignity and purity of his character ; of his inflexible integrity and singular moral courage ; of his extraordinary attainments as a scholar, a philosopher and psychologist ; his rare and remarkable attractiveness in social life ; the wonderful power and purity of his personal influence, and his inestimable worth as a friend and associate.

That we recognize with unqualified admiration in all the acts of his private, professional and public life, the same striking consistency and faithfulness to his convictions of right in the face of any personal task or sacrifice, which led him in the exigencies of the day to give his life to his country, and made him a brilliant example to us all of pure, ardent, Christian patriotism.

*Resolved*, That the Secretary communicate to the family of Dr. Bell these resolutions, with the respectful sympathy of the Association.

Drs. Butler and Ray made some eulogistic remarks upon Dr. Bell, with whom they had for many years been intimately associated in friendly and professional relations. The resolutions were then adopted.

Dr. Ray read an elaborate biographical sketch of Dr. Bell, which was not concluded at the close of the morning session. At twelve, the Association adjourned, to meet at eight o'clock in the evening.

After the adjournment, the members of the Association, under the guidance of Dr. Ray, visited the American Screw Company's Works, and the Machine Shops, and returned to the City Hotel to dinner. In the afternoon the Association visited, by invitation from President Sears, Brown University, its library and museum ; also, the Providence Reform School, by invitation of the Trustees of that Institution, and the Cabinet of the Rhode Island Historical Society, and the Providence Athenæum, by invitation of the officers of the same. The Association also visited the residence of Alexander Duncan, Esq., where they were hospitably entertained.



## TUESDAY EVENING.

The Association was called to order at 8 o'clock, by Dr. Butler, Vice President.

Dr. Ray resumed and concluded the reading of his memoir of Dr. Bell, after which the Association adjourned until the following morning, at 9 o'clock.

After the adjournment, the members spent the remainder of the evening socially at the residence of Dr. Mauran, of Providence.

The following is an abstract of Dr. Ray's Memoir :

In the discourse of Dr. Ray, the life and character of Dr. Bell were considered in a spirit of warm but discriminating eulogy. He narrated the principal events in his career, and described his achievements in various spheres of professional labor. Among the latter, particular notice was given to his improvements in the architectural arrangements of hospitals, and his efforts to introduce the English methods of warming and ventilation into our country. As the Superintendent of a hospital for the insane—that relation in which he performed the greatest service of his life—he was characterized by the qualities best calculated to ensure success. He was firm and gentle, courteous to all, of a pleasing and dignified demeanor, with an extent and variety of knowledge, and a happy faculty of expressing it, which always rendered him agreeable to his patients, and a certain command of intellect which gained the confidence of his patients' friends. He expected but little from drugs, for the reason that he was not satisfied with the proof of their efficacy. He thought that in mental, as well as, to a great degree, in bodily ailments, we must chiefly operate directly on the mind, and thus he was induced to favor all those means and appliances which make an agreeable and salutary impression on the mind. To develop to its utmost power of adaptation this *moral treatment* of insanity, he regarded as the highest duty of the physician.

As a medical expert in judicial investigations of doubtful mental conditions, he performed an amount of service unparalleled in this country, if in any other. For twenty-five years,



his opinion was taken in every considerable case of this kind occurring in Massachusetts, and in many out of that State. In this capacity he was a model for imitation, for no man, probably, more successfully avoided the embarrassments incident to the expert, and secured the confidence of the court and jury. This he was enabled to do by the fullness of his knowledge, by the quickness of his discernment, by the honesty and sincerity with which he performed his duty, and an unfailing tact which led him always to say the right thing in the right place.

As a politician he was above the arts of party, and sought for office solely as a means of making himself more useful—manifesting the same disposition to improvement, the same devotion to the cause of humanity, which characterised his labors in every other field of effort. He knew no party ties when his torn and distracted country required the help of all her sons and daughters, and leaving every thing behind, he offered the feeble remnant of his life to her service.

His intellect was keen and comprehensive. He readily discerned the essential conditions of a question, stripped of all the glare and glitter of sophistry. He had no taste for mere speculation, and as little for those plausible and shallow devices of ingenious men which pass in the world for true science. He had no patience with mere prescription, and he never hesitated to doubt or deny, where the proof was defective. Thus, he gave but little medicine in the treatment of insanity, simply because, in his opinion, the proof of its efficacy was insufficient. He was always fond of mechanics, and in early life he devoted much attention to mechanical invention. One of the fruits of this taste was a machine for spinning flax, which, however, from some unexplained reason, never came into use. He also made great progress in an enterprise, afterwards perfected by Morse—that of using electro-magnetism for the conveyance of messages. He always claimed the original invention of the magnetic telegraph, and once memorialized Congress on the subject.

The moral endowments of Dr. Bell were of the highest order, and secured for him the admiration of his friends, and

the respect of all who knew him. Seldom have the graces of humanity been so largely displayed as in him, yet without pretension or affectation. No mark of meanness, or duplicity, or guile, could be found on the spotless record of his life. As he lived, so he died—quietly, serenely, with unwavering patience and resignation.

We have indicated very briefly the principal points in Dr. Ray's discourse, which, we understand, will be published.

WEDNESDAY MORNING.

The Association met at 9 o'clock, Dr. Butler in the Chair.

On motion of Dr. Buttolph, the thanks of the Association were presented to Dr. Ray, for his admirable Memoir of Dr. Bell.

Dr. Joseph Workman read a paper on *Latent Phthisis in the Insane*, which appears in this number of the JOURNAL. This paper gave rise to an extended and interesting discussion.

Dr. Rockwell fully agreed with the essayist in his conclusions, especially in regard to the importance of *post-mortem* examinations, but said that public sentiment in most places would not permit the practice to the extent recorded by Dr. Workman. He was quite sure of this as to his own locality.

Dr. Fisher, of Canada, considered the paper one of deep interest. He had been in the habit of making frequent *post-mortem* examinations, and, with the permission of the Association, would read his notes of a few cases, as a sequel to the paper of Dr. Workman. These notes he intended originally to present as a paper, but as some of the cases recorded were cases of paralysis, he would only read those relating to phthisis, as having a bearing upon the present discussion:

Wm. M., æt. 38, single, and a laborer, was admitted at the Provincial Lunatic Asylum, on the 22d December, 1852.

While in the Asylum he was quiet and inoffensive, but idle and obstinate. He seldom conversed, and always shrank away, as if fearful, when any person approached him. Shortly after the transference to Malden in 1859, he manifested symptoms of phthisis. W. M. had for many years been troubled



with painful rheumatic swellings of the ankle joints. Early in 1860 these swellings became aggravated, and took on a decidedly scrofulous character. He died on the 7th of August, 1860, after suffering the most excruciating pains from the diseased ankle joints.

The *post-mortem* was made 18 hours after death. Extensive deposits of tubercular matter had taken place in the lungs, and several large cavities existed in them. Numerous miliary tubercles were observed on the peritoneum. The liver was atrophied and of a yellowish color.

The articulations of the astragaloid bones were completely destroyed by scrofulous diseases of the synovial membrane, while the bones themselves were denuded of periosteum, and greatly honey-combed.

O. P., aged 27 years, admitted on 10th April, 1862. He was subject to frequent and severe apoplectic seizures. Memory had become quite defective. He was almost unable to walk, and had partially lost the control of the sphincters. As is usual with patients of this class, he had a voracious appetite and was much given to obesity. He died of apoplexy, on the 7th March, 1861.

The bones of the skull were of the natural consistence. Diploe turgid with venous blood; and a large quantity of very dark venous blood exuded when the head was opened. The meninges were thickened and highly vascular. The substance of the brain was much softened, and the cineritious matter was thin and wasted. The puncta vasculosa were numerous and prominent. The thoracic and abdominal viscerae were somewhat softened, but were otherwise healthy, and shrouded with adipose tissue.

R. L., married, a tailor, 53 years of age, was admitted as a patient of the Asylum at Toronto, January 3d, 1859, and was transferred to Malden on the 17th December, in the same year. He was quiet and harmless, and worked well at his trade, until the Spring of 1861. His lungs were delicate, and he frequently became apparently incensed at them, hissing and blowing as if angry at the inability to inhale sufficient air.



In the Spring of 1861, a troublesome cough, with ugly pleuritic pains, supervened. He spat up large quantities of dark tubercular matter, lost flesh rapidly, and finally expired on the 28th July, 1861.

Abnormal depressions existed at each fontanelle, and along the sutures approaching them. The meninges, particularly the pia-mater, were thickened and opaque. Large deposits of serum had taken place between the pia-mater and the brain, and in the ventricles. An ulcer of the size of a five-cent piece was observed on the under surface of the left cerebral lobe, over the petrous portion of the temporal bone—gray and white substance in due proportion to each other, and of natural consistence. The lungs were glued to the sides by plueritic adhesions, and studded with tubercles and cavities. Liver atrophied and mottled. Spleen rotten and dark, as if a mass of half decomposed tubercular matter, with two cartilaginous bodies, the size of peas, on its lower surface.

M. McC., aged 36, single, and a farmer, was admitted as a patient on the 29th June, 1847. During his asylum residence he was ordinarily quiet, talked but little, and was quite morose in his disposition. His time was mostly spent in light work around the kitchen, farm-yard and stables. He moved about slowly and stiffly. A cutaneous eruption frequently broke out on his legs, which soon healed by a few days' rest in bed, and the administration of a mild alterative purgative. About the middle of last April, M. McC. was placed in bed in consequence of sore legs. In a couple of weeks the legs were healed; but symptoms of pneumonia were suddenly developed, and neither treatment or care seemed to have the slightest effect in retarding its progress. I at first thought the inflammation of the lungs was due to the retrocession of the cutaneous eruption, but the *post-mortem* on the 5th May, 1862, showed the error of this opinion. The cranial bones contained but a small quantity of diploe. The meninges were thickened and opaque. The cerebrum was remarkable for the scantiness of its gray matter, the sulci being few and shallow, while the white matter was abundant. The cerebellum was small, and highly vascular, and the cineritious and

medullary substances were in due proportion to each other. The lower lobes of both lungs were nearly hepatized, and slight pleuritic adhesions had taken place. Small ossific deposits were found on the aortic valves. Liver atrophied and yellow. A highly interesting structural change had taken place in the kidneys—all that remained of them being their lining membranes, and a small portion of the medullary substance. The pelves and infundibula were enlarged and full of fluid. In place of the cortical substance there was a thin layer of unhealthy adipose tissue of a deep yellow color. The supra-renal capsules were hypertrophied, and filled with a calcareous deposit. The disease of the kidneys was not detected during life, and consequently the urine was not tested.

R. L., aged 23, single, and a laborer, was admitted on 15th August, 1857. He seldom spoke, and was filthy in his habits. He possessed a feeble frame, with a scrofulous cachexia. He expectorated freely, and had frequent attacks of colliquative diarrhea. He died early in May.

The meninges showed traces of inflammatory action, and were firmly adherent to the cranial surface and to the brain along the sinuses. The cineritious and medullary matter were in due proportion, and of natural consistence. The ventricles were quite dry, and the choroid plexuses were atrophied. Strong pleuritic adhesions were found in the chest. Numerous cavities existed in the upper lobes of the lungs, and the lower lobes were nearly solidified by miliary tubercles. The latter were also found in great abundance in the mesentery and omentum. The mucous membrane of the small intestines was dark and softened.

Dr. Worthington remarked, that the proportion of deaths from tubercular disease, stated by Dr. Workman in his paper, appeared large. He was certain that nothing like that proportion were thus affected among those who died while under his care. When he found a patient in declining health, and was not able to discover any apparent symptoms to account for his condition, he was in the habit of making a physical examination of the chest. He thought if there was tubercu-



lar, or any other extensive disease of the chest, that careful physical exploration would detect it. He had in this way frequently discovered the presence of pneumonia, previously unsuspected, and indicated neither by cough, pain nor expectoration. He did not wish by these remarks to disparage *post-mortem* examinations. To account for the greater prevalence of phthisis in some institutions over others, various causes might contribute, such as deficient nutrition, severity of climate, etc.

Dr. Tyler had listened with interest to the paper of Dr. Workman, especially in respect to incurable patients. He thought that perhaps there was a tendency in the community to estimate the benefits conferred by asylum treatment solely by the number of patients cured. It would be well for the profession to call attention to the superior comfort which so many are made to enjoy, who can never recover, and to the entirely different aspect of the lives of this class when under the judicious care of an asylum, and when left simply to the management of their friends.

Dr. Choate said :

I agree entirely with the views expressed by Dr. Workman as to the great value and importance of *post-mortem* examinations ; but in practice I have found the same difficulties in the way, which have been alluded to by Dr. Rockwell. Public sentiment in our community is opposed to it, and particularly opposed to it, I think, in public institutions. But there is still another difficulty, even when the friends of deceased patients do not object. The family and friends usually live at some distance, and of course, before an autopsy is performed, they must be notified and their consent obtained. By the time this is accomplished it is too late. Friends usually send immediately for the remains upon being notified of the death. These two causes prevent a systematic following out of the practice adopted by the writer of the paper.

Dr. Workman, however, is doing a great service to the profession, I think, by pursuing this branch of scientific knowledge so thoroughly, as he has for several years past. I quite



agree with him, that such a course is likely to discover a much larger number of cases of death from phthisis than appear in our annual statistics. The diagnosis of disease in the insane, and particularly in the demented, who are the most frequent subjects of phthisis, is so difficult, that any of us, I think, are excusable for overlooking a portion of the cases.

The disease is so masked by the peculiar mental condition, and the rational symptoms are often so entirely absent, that our attention is not attracted to the true seat of disease till near the close of life, if at all. It is true, as has been stated by Dr. Worthington, that the physical symptoms ought always to be present, and that a careful examination would reveal them, but as we have no reason to suspect the existence of the disease, we often do not think to make the exploration necessary.

Dr. Bemis said :

I agree entirely with the views expressed in the paper read by Dr. Workman, relating to the value of *post-mortem* examinations, and pretty nearly with the results of his investigations in regard to the great number of cases of phthisis. It has been our habit in the Hospital at Worcester, to make *post-mortem* examinations whenever we could get permission from the friends to do so. And it will be remembered that in some of our reports the results of all the *post-mortem* examinations made in the course of the year have been published. It is often difficult, and sometimes almost impossible, to get permission to make *post-mortem* examinations, and sometimes impracticable even when desirable.

In some of our annual reports no mention is made of *post-mortem* examinations, because no more than two or three cases have been examined during the year, and the result of these, not being important, they have not been published.

Dr. W. in his paper quotes from the tables of the Hospital at Worcester. So far as relates to the statistics at Worcester, I may say this, which will explain to a certain degree, the matter as relates to us. Patients who are afflicted with incur-

able physical disease, and who have become calm and quiet, are often removed from the hospital to their homes, the friends preferring to have the insane members of their families die at home, if they can comfortably and decently take care of them in their last sickness. So that if those who are removed from the Hospital while suffering from phthisis were left to die in the Hospital, our percentage of deaths from consumption would be largely increased.

We have had during the last two or three months four cases of pulmonary disease developed in the Hospital. In one, a female who had been long insane, a person of excitable, uneasy, uncomfortable disposition, generally noisy, vicious, and unable to perform any labor or submit to any discipline, the excitement suddenly abated; all at once she became calm, quiet and depressed, and without any of the ordinary symptoms of phthisis, she suddenly became pale, emaciated, and soon died. She was a Catholic, belonging to a respectable family, and was removed at once for burial. No examination was allowed.

The other three cases now in my mind were developed a little later in the season, when our patients could more comfortably be out of doors, wandering about the grounds, and the disease is somewhat staid in its progress. The patients are easily controlled and can be made comfortable with only ordinary care, and as the friends ascertain these facts, the patients will be removed to their homes. In none of these cases were the ordinary symptoms of phthisis present. In one only was there any cough.

The fact of the removal from the Hospital of a proportion of those patients, during the progress of pulmonary disease, sufficiently explains any disparity existing between the statistical tables of Worcester and those at Toronto.

I also concur with Dr. W. in regard to the importance and necessity of directing our attention to the welfare of those who are to remain incurable; and of making the condition of the hospital such as will render them perfectly comfortable, and surround them with the refinements of civilized life. It



seems to me that a large part of the good we can do, must be done in this direction.

Dr. Harlow had been interested in the paper of Dr. Worthington, and also in the remarks of the gentleman who had just spoken. All cases of insanity he considered as the result of physical disease of some form. In tracing the history of cases, he had been in the habit of asking the question, whether or not there was pulmonary disease in the family or in the individual. He was confident that insanity often had its primary seat in the lungs.

Dr. Bancroft said :

Of late we have been making an effort to have *post-mortem* examinations more frequently than formerly. And so far as we have been able to do so, I am prepared to believe, that you will find disease of the lungs to be present in more instances than would have been suggested by the symptoms before death. Although I have no doubt that by attending to physical signs before death, the disease of the lungs might be discovered.

If I understood Dr. Workman's paper, it suggests the inquiry whether the incurability of insanity is not, to a considerable extent, dependent upon the existence of incurable bodily diseases. And in that connection another inquiry was suggested to me. It is this: How far these very diseases, or especially the tubercular diseases (the deposition of tubercular matter in the lungs,) may not themselves have originated in that state of the nervous force, consequent upon the cerebral disorder which produced the insanity. I suppose it to be true, that in the state of the nervous system or brain which exists in connection with chronic insanity, there is very great depression of the vital force. We see, at any rate, that, even where there is no reason to suspect tubercular disease, there is a marked loss of vigor in the capillary circulation, and the question is forcibly suggested by the fact, whether the tubercular deposit does not originate in this deficient vitality, which is too feeble to insure perfect organization. I merely throw out the question as proper to be considered here.



I would remark, also, that I attach great importance to the suggestions made by Dr. Tyler as to the attention which ought to be given in asylums to those who can not be cured. My attention has of late been painfully called to that subject by cases that have occurred in our hospital, where patients, incurable and harmless, and at the same time, not in fit condition to be properly cared for, or to enjoy the comforts of life in a private family or alms-house, have been removed. This has been more frequent since the existence of the present financial disturbance. In presenting the question of removal of these patients, the prominent inquiry is, "Can you cure them? If you can not, we propose to remove them from the asylum, as we can thus very much reduce the expense of their support. If there was a prospect of recovery from their remaining, we should desire them to remain."

This view of the question is so often presented as to arrest my attention.

We are obliged to confess that we have no reasonable expectation of curing these cases. On presenting this other view of the case—that we can make their lives vastly more desirable at the asylum than they can be made elsewhere, and that there they get many more comforts and benefits in proportion to the expense than elsewhere, I have regretted to find that this fact has had very little influence in the decision arrived at. When once the opinion that the case will not recover is given, it seems to be thought that food and drink is sufficient, and that hospital care and privileges are a useless expense. It seems to me to be one of our important duties, on every suitable occasion, to call attention to this serious error, and to illustrate to them what the asylum can do over and above what can be done in alms-houses or private families, for a class of persons so deserving of sympathy.

*Question by Dr. Tyler.* Is the inquiry to which you allude, made by friends of the patients, or by the selectmen of towns?

*Dr. B.* It is made by both, though more frequently by the latter.

Dr. Ray said :

I am very glad that Dr. Workman has called attention to some points in our specialty which seem to me not to have been considered so often and so seriously as they deserve. I suspect with him and others, that the number of deaths in our hospitals from pulmonary disease is larger than we should suppose from the statistics. I judge so from my own observation and experience—not so much from the numerous autopsies I have made as from other circumstances. And in fact, in the nature of things it must be that a very large proportion of our deaths should be from pulmonary disease. We know this fact at least, that one-fifth of all deaths arise from this cause, and it is fair to infer from that, that a very large number of our invalids have pulmonary disease—it certainly, to go a step further, would not be a very strange complication, if very many persons with pulmonary complaints should be found among the number of our insane.

Upon the known and well established principle, that insanity masks the manifestations of other diseases, it is not strange that we may have active disease in the lungs without the ordinary symptoms. Maniacal excitement may seem to be the only thing present until within a few days of the death of the patient, when we for the first time begin to suspect pulmonary trouble. It would not be strange if sometimes it should be masked altogether, even to the very last moment, and the patient die and be buried without our having the slightest idea of the existence of pulmonary complaint, and the case be published as one dying of marasmus, exhaustion, or anything but the true cause.

I was not aware before, that there was so much difference between the amount of pulmonary disease in the two sexes as Dr. Workman states, and I am unable to account for it. I should still wish that the fact might be based on better grounds than we have for many of the statistical results on these subjects.

This observation may lead to some general reflections which it would be well to take to our minds in a little more practical manner than we have heretofore done. I don't



see how we can put forth as facts, of any statistical importance, the apparent causes of death. It is the custom, you know, and the laws of some of the States require it, to publish in the reports of the institutions the cause of death. Now, every body knows, that in many cases this must be a matter of guess-work. When we consider how often we may be deceived under ordinary circumstances, we must admit that we are still more liable to be deceived when the disease is masked by insanity. I should have far less confidence in the guess of any man in regard to the cause of death in an insane person, than in one not insane.

At first, I followed the general practice of reporting what seemed to be the causes of death. I found that I was obliged to guess at them so often, I became convinced that the thing would be of no statistical value, and feared I was not accomplishing any good, but positive harm by misleading others. I could not discriminate between the cases which had, and those which had not, been examined after death. We know how seldom we can make *post-mortem* examinations. The difficulty is in obtaining the consent of friends—they are at a distance, and as soon as they learn of the decease they make their appearance, and claim the body. My experience has been very different from that of most of the gentlemen in regard to public sentiment on the subject of autopsies. When I went into private practice, I started with the determination of examining every case of death, and for fifteen years I can hardly recall one where I was refused permission. On the contrary, I was often pressed to do it, when I thought there was no sufficient reason. But I have felt more and more every year of my life, how little we can depend on mere external manifestations in assigning the cause of death. Sometimes people die apparently for no other reason than because their time has come.

Not long since, a woman whom we had had in the institution for years, was, one morning, after breakfast, sitting in her chair in her accustomed place; suddenly she rolled on to the floor, was put into bed, and was gone. What should we be likely to say as to the cause of her death? I suppose that



one would say, it was disease of the heart; another, whose attention had been more given to the brain, would say it was congestion of the brain; another, perhaps, congestion of the lungs. I examined that woman's body; explored it thoroughly, head, chest, abdomen, throughout, with all the skill of which I am master, and I could not lay my finger on a single pathological appearance. The brain was to all appearance in a perfectly normal condition. I do not know what the microscope might have revealed. If I had said she had died of disease of the heart, or brain, or lungs, it would have been a falsehood. Yet it would have appeared in print, given rise to wrong conceptions, been used as a basis of pathological inference, and a source of error.

There is unquestionably more pathological disturbance in the insanity of our time than in that of a former period. A greater number of our patients are laboring under physical ailments, which complicate very much the question of their recovery. And this should put us very much on our guard how we give a prognosis without a sufficient examination of all the organs. The time was, when the doctor had only to ask, how long has the man been insane, and if it had been but a few weeks, to say, "He will probably get well." We know that thirty years ago, Dr. Woodward sent out ninety per cent. recovered, and Dr. Cutter did something like it. Why should the number of recoveries at Bethlehem and St. Luke's have been as large 80 years ago as now, after all their improvements? I can attribute it to nothing but this—the more prevalent vitiation of the physical constitution of man, which must necessarily oblige us to give a more unfavorable prognosis than our forefathers did. In the New England hospitals, especially, all know that a much larger proportion of sallow, emaciated, broken-down cases appear now than formerly.

As incidental to the present discussion, I think it would be a very desirable thing to have (and yet we are no nearer having it than we were long ago) the actual proportion of recoveries in recent cases. Do we know any better now than ever, how large is the average of cases cured? This obscu-

city may be owing to the complications with physical disease. The patient, accidentally perhaps, gets better of his cerebral disorder, and to this succeeds pulmonary disease. He feels pretty comfortable, is taken home, and the result is unknown. The other day a patient was taken from my institution of that description. The case began with pulmonary disease, which, finally, was transferred to the head, producing so much excitement as to render the patient uncomfortable at home. She was sent to us; the excitement abated, and the pulmonary disease took its place. The patient went home as rational as ever, but is now dying of consumption.

Whether the translation of disease from one organ to another takes place so often or so rapidly as in this, is, so far as we know, accidental. If the cerebral excitement had continued in this case to the last, and the patient had died, had we not been perfectly acquainted with the anterior circumstances we should have called it maniacal excitement, exhaustion, anything but pulmonary disease. The patient gets rational, goes off, and that diminishes the deaths from pulmonary disease.

Dr. Langdon remarked that the proportion of deaths by consumption in insane persons stated by Dr. Workman, was in accordance with his own experience; that he had made *post-mortem* examinations in almost every case of death in his institution, and had discovered pulmonary disease in four cases out of five, and that where he had never suspected its existence. He had reproached himself with carelessness and neglect in not having discovered this state of things during the patient's life. There being no cough or expectoration, his attention had not been called to the condition of the lungs.

The difficulty of obtaining permission to make *post-mortem* examinations, spoken of by other gentlemen, he had not met with. He was in the habit of making an examination without asking permission of friends; that, in fact, the greater part of his patients were paupers, whose friends were unknown to him. In a few cases he had asked permission, and it had been readily granted, the friends themselves wishing to know the cause of death.



Dr. Gray said, that he considered the paper read by Dr. Workman to be one of much professional importance; and that the subject had been already so fully discussed that he had but little to add.

The majority of the cases mentioned by Dr. Workman were of long standing, many of them cases of dementia, in which it would seem that the pulmonary disease was the final disorder terminating life, but not necessarily long existent, or the cause of the mental disease. He alluded to this, not to dispute Dr. Workman's conclusions as to the great prevalence of tubercular disease among the insane, but he would say, that in the institution at Utica many of this class of patients are removed from observation as soon as they are known to be incurable, and cared for in the receptacles for the insane connected with the various poor-houses throughout the State. The majority of these patients, thus removed, are in good general health, having been well nourished and properly cared for. In this condition there is no reason to suspect in them tubercular or other disease, but afterwards, poor diet and want of suitable provisions for comfort or cleanliness, rapidly impair the health, reducing the vigor of the constitution. That tubercularization should soon occur, is not then surprising. He was well aware that many died soon after reaching the poor-houses. If the institution at Utica was strictly an asylum, as that at Toronto under Dr. Workman, instead of a hospital for the curable mainly, its experience might more nearly tend to establish the views entertained by him. He agreed with Dr. Workman, fully, on the importance of *post-mortem* examinations, and only regretted that he was unable to follow his practice in this respect.

He desired to say one word in regard to the question of statistics of mortality, alluded to in the discussion. He was well aware of the difficulty of assigning the cause of death in many persons who die insane, especially those whose deaths are sudden, as mentioned by Dr. Ray. However, if the law requires such statistics, it is necessary, as nearly as may be, to conform to it. To avoid, as far as possible, any obscurity



on the subject, whatever facts were known, in connection with the table of mortality, were published in detail, that the profession and public might judge for themselves. He had seen several cases of sudden death, such as those described by Dr. Ray, and some of these, for want of a better term, have been called cases of death from syncope. *Post-mortem* examinations in some cases have not afforded satisfactory evidence of the cause of death, while in others they have fully revealed it. Such examinations, and the facts connected with them, have been reported. He apprehended that Dr. Ray would not advise that in these obscure cases, a record should not be made in the case-book. His course had been to transcribe these general facts from the case-book to the annual report, as before stated, and thus allow the profession and public authorities to form their own opinion.

Dr. Workman said :

I am very much gratified by the remarks elicited by the paper I have read. My object in presenting the paper was to elicit information rather than to communicate it. I do not suppose that Dr. Worthington arrogates to himself any superior diagnostic accuracy, nor will I say that I should be unable, with my attention directed to the explanation of the case, with equal accuracy, to detect the presence of phthisis. It has happened, more than once, that a patient has died where I have not suspected that there was any special organic lesion. He may have been going on in a gentle way, gliding out of existence, and no change, or at least no particular symptoms, appear, taking his meals with regularity, and wasting imperceptibly from day to day. Among the cases in my last year's experience, was that of a patient who came to me very much emaciated, having lain in bed for five years, in all of which time there had been no observable change whatever. She was in the same condition just before death. Had I explored the chest with a stethoscope, I should have detected, it is said, the presence of lung disease. I do not wish to trouble patients too much with explorations. It is annoying, and some would resist it. In a very considerable number we tried to do so,

and only aggravated their sufferings, offended their sensibilities, and were often liable to fall into errors. We may fail to diagnose phthisis where it is present; and from the negations by which it is characterised we may make an error by believing that it is present where it is not. A German woman, from whom I could obtain no information, as she could not speak our language, had paroxysms of a peculiar self-punitive tendency, so that it was necessary to restrain her. When she died, I said it was latent phthisis. The *post-mortem* disappointed me. There was indeed a little tubercular tendency, a spot or two, but the function of the lungs was as good as ever. What I found was fatty degeneration of the heart, of which there was no symptom to lead me to diagnose.

The field is an advantageous one for accuracy, and I am satisfied that he who bestows considerable attention upon each case is not likely to fall into these errors.

There are other cases as remarkable. Those cited in the JOURNAL OF INSANITY, by Dr. Gray and myself, of fracture of the ribs, sternum, etc., may be instanced. As we have been awakened to an increased interest, we shall have a large accumulation of such cases. And this not because they have now for the first time sprung up, but only because we have discovered the fact, after death. In the case in Durham Asylum, there was nothing whatever leading to a suspicion of thoracic lesion.

I do not think it is likely that by mere external exploration, and the application of the stethoscope, we shall be able accurately to diagnose cases so as to render tabular statements of any great value, if any practical conclusions are to be based upon the statistical tables. Hence I would admonish the public of their inaccuracy, and of my own appreciation of that inaccuracy.

I am pleased with the remarks of Dr. Langdon. Scarcely any one, however, would have found the same facilities for autopsical research. In many instances his cases were those of persons whom we call foreigners—people with whom we may do as we please, and I am not surprised that they are handed over to the medical schools. The patients who come



from the opulent classes of the community would present no difficulty ; it would only be necessary to make known your wishes to have them complied with. I find many of the relatives of those who belong to the more respectable class request the examination, and those who could not come have written for the details, desirous of ascertaining whether the disease may not have had its physical complications, and, in fine, what its real character was.

The remark made by Dr. Bancroft has much force. It is one upon which I should have desired to have more discussion—the question whether an asylum residence and depressed vitality, consequent upon insanity, may not be causative of the phthisis and tubercular consumption. I can only express my belief that asylum residence and comfort has nothing to do with the development of this disease ; but, on the contrary, after mature reflection, I am led to believe that where the tubercular taint has existed, and where there is a necessary affinity between the physical condition and the mental disease, asylum treatment tends rather to arrest than to accelerate the progress of the tubercular degeneracy.

Dr. Ray has alluded to the case where a patient had an alternation of symptoms. He would hardly venture to say that this patient has been cured of insanity and would not be liable to a return of it, provided life is preserved. In the interval of calm the patient may pass away into another state of existence. I do not pretend to say that in no case does mental disease act as a casual agency producing tubercular deposits in the lungs or other organs. I am satisfied of this, however, that by extending autopsical research, in a few years you will fully confirm the statements I have advanced.

Dr. Tyler said :

Some one has observed, “that although it is true that figures will not lie, still we know that the mortals that make figures sometimes do.” So with statistics ; they are made by mortals, and are not always accurate.

In order to a fair and useful comparison of one group of statistics with another, we need so full an account of all the cir-



cumstances and contingencies surrounding each as to amount to a better history of facts than can often be obtained. The statistics of thirty years ago have been referred to in connection with the proportion of recoveries of recent cases. An instance in point occurs to me. In a certain report it was stated that 80 per cent. of recent cases during the year had recovered, and no other facts were given. This report was based upon five cases—four recovered and one died. The fallacy of receiving statistics without knowing upon what they are based, and their great variability, by small figures, can easily be illustrated. Suppose that a person tells you that 100 per cent. of his recent cases have recovered, and you have no reason to doubt the statement: you consider it an astonishing success. But suppose you afterwards learn that but one recent case had been treated, and that had recovered: although the statistics hold good, your astonishment considerably abates. Again, suppose that the person had had two cases instead of one, and that one had recovered and one had not, he must report 50 instead of a 100 per cent of cures.

Let me mention an illustration of the entire futility of trying to force reliable information of another sort by legal enactments, although the statistics make as good a show as any upon the record books. A law of Massachusetts requires the undertaker, before an interment, to furnish to the municipal authorities a certificate from the attending physician, of the cause of death. In one of our cities, a child was suddenly taken ill, presenting symptoms of suffocation. An intelligent physician was called, and on examining the throat found no evidence of croup or diphtheria, but upon turning the little fellow upside down, distinctly heard the click of a foreign body in the trachea. There was no relief but in tracheotomy. The parents would not consent to this, but called another doctor. He without knowing what his fellow had done, went through with a similar process, and made the same recommendation. The course was again declined, and a homœopathic brother was called in, who prescribed for throat disease, and when the child died, reported the case, diphtheria!

In some of our towns these certificates are filled out by the

sextons themselves, and sometimes with a most absurd disregard of nosology and orthography.

Dr. Ray said:

I mentioned a case where nothing abnormal was found on *post-mortem* examination, as illustrating the unreliability of the usual statements of the causes of death. It showed, if we had stated the case to have been apoplexy or heart-disease, that we should have said what was not true. And now if it were so in a case that appeared so plain, how much more frequently must mistakes occur where the indications are not so limited. If, after *post-mortem* examination, there can be any occasion for doubt, why, of course, all a man has to do, is to state the circumstances of the case, the appearance after death, and let others judge for themselves. My remark applied to cases where there had been no *post-mortem* examination. Our ordinary statements are based not upon *post-mortem* evidence, and that is my objection. They must necessarily in a great degree be a matter of guess-work, and if guessing is a reliable sort of statistics, very well, but let it be fairly understood. Do not let such statistics be taken up by such philosophers as Quetelet and made the basis of general principles.

Dr. Butler, the Chairman, fully agreed with the hypothesis that there had been a change in the status of the insane during the last thirty years, and suggested that some interesting results might be obtained in the following way. If the members of the Association should take all the strictly recent cases coming under their care from January, 1862, to January, 1863, carefully scrutinize them, and present the result at the next meeting, specifying the whole number of cases observed, the number of these discharged recovered, those still under treatment and likely to recover, those discharged improved, and those remaining and likely to improve, those unimproved and probably unimprovable, and those who have died, some valuable and interesting information might in this way be obtained, especially if the same course should be pursued for a series of years.



Dr. Workman thought great benefit might accrue to the profession and society, if medical men were prohibited from giving publicity to their successes and were made to confine themselves to their failures. The presentation of such failures in detail would afford valuable information, now lost. He thought he could look back to cases that had got better in spite of him, where indeed he had started wrong and yet the result was favorable, and where he had been so modest as to ascribe the success to himself instead of to the superior strength and resources of nature. It is very easy to ignore unpalatable facts and those which clash with our own prejudices. Meditations among the tombs are *post-mortem* examinations. There is nothing of which I can boast in the statistics which I have presented: they are indeed, melancholy evidences of failure.

One reason of my desiring to present this subject before the Association was that I expected to meet here one of the Government Inspectors of Canada. I felt that the discussion here would sustain me in some differences of opinion between myself and these officers. Attempts have been made to compare the mortality in different institutions in the country with the view of showing, by this means, that some are more healthy than others. It has been argued that branch institutions are more healthy than parent ones, because the mortality is greater in the latter. But in my own branch institution, which is one and a half miles from the parent one, those transferred to the former are not the most feeble; on the contrary, those under some acknowledged form of disease are retained, so that the mortality of the parent institution has been the aggregate of all the others.

In regard to statistics we have arrived at no point of certainty. All that has been done has been so mingled with error, that attempts at generalization and deducing important consequences from what we have elaborated, is totally futile.

Dr. Harlow, of Maine, then read a paper upon the following subject: *Popular Indifference to and Disregard of the Laws of Health, a Prolific Source of Insanity*, which appears in this number of the JOURNAL.



The discussion upon this paper was opened by Dr. Workman, who said that he had some difficulty in coming to the conclusion that our whole people are degenerating. The experience of the physician went to satisfy him that there was a great deal more disease in the world than when he was young. He did not from this, however, come to the conclusion that evils are positively on the increase, any more than that disease of the chest first developed itself in the time of Laenec. Luxury always existed; the Babylonians and Greeks were not free from the physical defects and diseases which we now suffer from. His hopes in humanity were very strong. And while in some directions deteriorations may be manifest, yet in others there is a corresponding compensation. He could not ascribe the increase of insanity to any of the diseases which had been referred to—neither could he assent to the dogma that there was a negative increase of insanity at the present day. The remark was quite commonly made to him by the people in Canada, that insanity was more prevalent in our country than in Europe. But, when we draw our population from a stock free from all disease of the character calculated to deteriorate childhood and be perpetuated into manhood; in a country where there is little intermarriage of blood relatives, and the very best stock is constantly improved by crossing, he was not prepared to admit, at least without accurate statistics, that mental disease was on the increase in the whole community.

Dr. Ray said:

The paper is one well deserving our attention as mental philosophers, and it is very important that we should be well established in our own minds in regard to the essential fact. If all these deleterious influences enumerated by Dr. Harlow, are powerless to deteriorate human life, why need we trouble ourselves about them? True, they have not been made a matter of statistics, and their effects we do not exactly know, but the general fact of their existence is universally recognized. If all these are calculated to lower the tone of vitality, then certainly the way is opened for insanity, or any other disease. The change which has taken place within forty,

sixty, or a hundred years in our modes of living, is certainly not calculated to improve the sanitary condition. Take the single article of cooking stoves, and consider how extensively and seriously the health of our people must have suffered from the bad air they produce. Our cookery, itself too, always bad, has been getting worse. The common diet is notoriously calculated to impair the tone of the digestive organs. Where, then, are we to place a limit to the extent of the influence? I can not help believing that these causes weaken the tone of the system, and foster the latent germ of cerebral disease. Many persons may go through the world with insanity in the brain, or tubercles in the lungs, which never will develope without some special exciting cause. Without that exciting cause, the patient might have lived and died without the least suspicion of his having either of those diseases. I think there can be no objection to this view of the case. If you go further, and represent these deteriorating influences of our modern life as direct and immediate causes of insanity, you will hardly be supported by the obvious facts. The popular observation will not coincide with yours, for innumerable cases will be brought to your notice, where intemperance, or bad air, or dyspepsia, or excessive study in childhood, has failed to impair the health of the brain. You will thus be regarded as a fanatic, a man of one idea, and your wise admonitions be utterly disregarded.

Dr. Tyler said :

The military camp is a crucible in which our men have been placed; a certain percentage, and that a small one, have been unable to endure, but the great majority have proved good metal, and those who have endured at all have been greatly benefited by their hardy manner of life.

The style of living, and the kind and quality of food eaten in our towns and in the country, are very different from what they were thirty years ago, and no doubt the vitality of the community is affected by the change. We can not doubt that habits of exercise, regimen, and the quantity and quality of



what is put into the stomach, must affect the life-power of the individual.

“A Book about Doctors,” lately published, gives a history of the success of a number of noted quacks; and to-day we have driven past the former residence of one—the famous “rain-water doctor.” All these men prescribed the most, stringent rules respecting what their patients must eat and what they must not eat—their exercise, bathing, and all important habits. Now we know that their cures were effected by these means, though the credit was given to the complicated tomfooleries with which the patient was amused, and the harmless contents of the bottles in which their faith was corked.

Dr. Choate said:

I should be extremely sorry to think with Dr. Ray, that the external causes of disease, and especially of insanity, arising from our habits of life, and the circumstances surrounding us, were on the increase.

Such very great attention has been given, during the last quarter of a century, to many subjects which are considered of the utmost importance in their bearing upon physical vigor and health, and such great progress has been made, as I suppose, in arriving at correct views, in disseminating them throughout the community, and in carrying them into practice, that, if we are still retrograding in health, in vital force, in longevity, and the ability to withstand the effects of disease, it would indeed be most discouraging and mortifying.

Take, for instance, the subject of vitiated air, which has been alluded to. Are the improvements in ventilation, which may almost be called one of the productions and discoveries of the present century, of no value? Has the diffusion of correct views on this subject throughout the community had no good effect upon the health and vital force of our race?

Is the same true with regard to the physical training of our youth? Great attention has been given to this subject of late years, and the community have been fully impressed with its importance, and by the introduction of gymnasiums and a regular course of physical exercise into our system of educa-

tion, have supposed they were improving the race. Has this produced no good results?

With every advance in science and knowledge, the community are becoming more generally supplied with comforts; sources of disease are removed from our dwellings and our cities; and our habits of life become the subjects of scientific inquiry, and if bad are condemned.

I can not believe that all these improvements are producing no good results; and if insanity should prove to be on the increase, I think we must look elsewhere for the cause of it, and not to any deterioration in our habits of life, and our surroundings.

Dr. Gray agreed mainly with the views of Dr. Ray, in the discussion of Dr. Harlow's paper. He thought the remarks of Dr. Choate upon the improvements in ventilation rather applied to hospitals and other public institutions than to private houses. The gymnasia and other means of physical training now introduced into schools, are doubtless great blessings, but they owe their origin, perhaps, not so much to the superior attention paid to these subjects as to the necessities of the present system of education. Have they not simply taken the place of the more healthful sports and games of a less populous and affluent community? As to ventilation, the old school-houses were certainly not deficient in this respect, and the ancient fire-places were not to be despised. Undoubtedly the dwellings of all classes are much more comfortable now than formerly, especially as to warmth. However, he thought the great principles of ventilation were quite neglected in the construction and use of the houses of the most intelligent and wealthy classes. Elegant houses are built without a ventilating flue in them, or a thought of how air should be introduced, and, as a general rule, fire-places are even closed up, that any air accidentally getting in may not escape. Unquestionably the character of our dwellings and school-houses, especially as to heating and ventilation, has an important influence in determining the health of our children, and while with our close and warm houses and schools we enjoy superior comforts, it is very doubtful whether



we have gained in stamina on former generations. He would not disparage the important improvements alluded to by Dr. Choate, but thought they were not so generally introduced or appreciated as to exert, as yet, any very perceptible influence.

Dr. Workman said, in spite of all the physical deterioration, the whole population is increasing in a more rapid ratio than in older countries. I believe there can be no stronger testimony adduced of the good physical condition of any people, than the ratio in which its population is increasing. Your very indulgences, your higher degree of comforts than you formerly enjoyed, may have a tendency to the elongation of life in the average, at the same time that there may be a deterioration of those who would otherwise be a more robust class. Dr. Gray has said with great truth, that ventilation of schools was better in the olden times, even in the old countries. You coax along into existence a languid life in a great number of puny people who would have died off before they reached manhood. In the olden time you would have developed and saved only those who were robust and strong. The trials through which one had to pass were exactly equal to the system adopted by the Spartans, who put to death those decrepid and suffering under insidious disease. In more rapidly developing society, this is truly the case. In Lower Canada we were pleased with the robust appearance of the people. But there are other facts of which you are not informed. If you were informed of the amount of mortality among the French and rugged classes, you would find that it exceeded that of New Orleans.

You have the further striking fact, that the population of these countries has been increasing in the same ratio as yours—not in the same ratio as Eastern Canada. I know of one parish in which one-third of all the deaths take place in children over one year old. A very common cause of this early death, is the practice, based upon religious opinion, of carrying the newly born children to the parish Presbytery to be baptized. This is the function of the midwife, and she has not earned her fee unless she has performed it, whether the

thermometer is 20° below zero or lower. If the child should die before baptism, it would be a serious matter, in the opinion of these people. The child having died in consequence of this exposure, they congratulate themselves upon their good fortune in having baptism administered before it died. This is one reason why these people are so robust, that from negligence and various other agencies all the delicate ones die. By your artificial treatment you carry these people forward. You do not confer a blessing upon the whole community, but upon the people themselves. For I am sure, in a broad view of the subject, losing sight of individuals, it was much better that they should die before they perpetuated the evil, and left a weak and sickly progeny to follow them. This evil will rectify itself—will die out in insanity and other diseases in which it is now wearing itself out.

Dr. Langdon said :

I doubt the increase of insanity. The apparent increase is attributable to other causes. Our census is now more accurate. We have better knowledge of the statistics. Many are now put down as afflicted with insanity who would not previously have been reported as such. Our institutions are more comfortable, and receive a vast number that were not previously sent to them. In order to get at the matter, there are a great many of these causes to be taken into consideration before we can positively say that insanity is on the increase. In the institution of which I have charge one-half of the inmates are Germans, one-fourth of the remaining number are Irish, and the rest Americans and other nations—not one-fifth are Americans. All these things must be taken into account if you are going to say that insanity is on the increase, and especially that this fact is attributable to the manner of living, cooking, etc.

In our part of the country, the condition of the people and the mode of life are about as Dr. Ray has represented to have been the case in former times. We have an equal amount of insanity with that reported in the East. If all our boasted improvements are a source of injury, the sooner we, as lead-



ers of public opinion, do away with them and return to the original state of things, the better. If the foreign element were thrown out of the calculation, we should not find that insanity is on the increase in our native population.

Dr. Jarvis said :

Those asylums in England in which I saw the patients at work, were for paupers, and these were the workers. They had always been accustomed to labor, and it was no change for them to be put to it in the hospital. They had, as with all English laborers, been used to have their beer as a part of their regular support. And the officers gave it to them, not as an inducement to do something extraordinary which they were unwilling to do, but because, according to their notions and system, beer is a needful part of aliment, and a working man can not be deprived of it without diminishing his power to labor. But in America it is different; beer is not generally used nor expected by laborers. Many of the Irish get it, or rum, whenever they can, but it is rather as a matter of self-indulgence than of assumed necessity. The Americans do not want it; generally they do not like it.

In the three State Hospitals of Massachusetts, nearly half of the patients are State paupers, and these are almost all natives of Ireland, who have been accustomed to work. While I was in England, I inquired particularly into this matter of Irish patients, and their behavior in the lunatic asylum. I was told that there was a considerable number of this class of patients all over England, and that they were as manageable, and as willing to work, as the Englishmen. There seems no reason why they should not work here as well as there. Moreover, they do work on the wards. All our hospitals have farms, on which a good part of the patients labor, in proper weather and season. I have yet to learn that among these insane farm laborers the Irishmen do not work, or that they go unwillingly from the ward to the fields and the garden.

We have another experiment constantly going on. There are in Massachusetts three great State Alms-Houses, for the State and foreign paupers, intended primarily for the sane;

but from to time, the quiet and manageable insane are sent there, and these have accumulated to the amount of more than a hundred in one, and nearly a hundred pauper lunatics in another, of these great pauper establishments; and there they work with the other State paupers. The burden of foreign pauperism weighs very heavily on our treasury, and legislators complain of it, and especially of the cost of supporting the foreign insane in the hospitals. The public authorities are very anxious to remove all the incurable and manageable State paupers from the hospitals to these alms-houses; and the legislatures have appointed committees to consider the subject of building large houses and wards in connection with these alms-houses, for the residence of this class of patients. The reasons offered for this plan are two; first, that they can be supported at the alms-houses at less cost than they are supported at the hospitals; and second, that in the alms-house they can be induced to work and earn their living, which few do where they now are. They advance the last argument as the result of experience of the dealing with these lunatics at the two classes of institutions. Then if they work in the alms-houses, they will do so at the hospitals; and if they work readily on the ward, they doubtless will be induced to work as readily in the shops, provided the occupation is as well suited to their capacities and habits.

But I think the difficulty is not in the want of willingness in the insane to work, but in the want of proper means and facilities of occupying them. This is shown by comparing the habits and employments of the two sexes in hospitals. On the female side, work is the general custom, and custom has made it a general law unto the inmates. Most of the women work, or occupy themselves in some way or other. While on the male side, idleness is the general law; passing through the wards, one finds most of the men doing nothing. Some are listless, some torpid, some restless, but directing their energies to no purpose. This difference has no foundation in the nature of the two sexes. Women are naturally no more active or industrious than men. But it is because fitting and acceptable occupations are provided for one and not for the other.



If, then, the managers of hospitals could provide employments as well suited to the habits, education, and tastes of the males, as they do for the females, the men would go as generally and as readily to their shops and other places of occupation, and busy themselves as industriously in the wards and elsewhere, as the women in their appropriate fields of exercise.

Let employment be established as the general habit, and idleness the exception, then the law of custom and sympathy would operate powerfully on the few who would otherwise be induced to do nothing. Let the fields and the shops be the populous places, and they will be the popular ones. Then the wards will be lonely and wearisome to those who have life sufficient for action, and self-control enough to direct their powers to any purpose.

Letters were read by the Secretary, Dr. Curwen, from Dr. James R. DeWolf, of the Provincial Hospital for the Insane, Halifax, N. S., and Dr. T. S. Kirkbride, giving the reasons of their non-attendance. The letter from the last mentioned gentleman contained a statement of the death of Dr. Galt, on the Tuesday after the recent battle near Richmond.

The Association adjourned until to-morrow morning at 9 o'clock, to allow the members to make an excursion to Newport this afternoon.

#### THURSDAY MORNING.

Yesterday afternoon, accompanied by a number of gentlemen from Providence, the members of the Association made an excursion to the city of Newport, where they visited the various objects and localities most attractive to scholars and men of science, and most interesting from their historic associations, including Redwood Library, Trinity Church, the library used by Bishop Berkeley, and the original portrait of Washington, by Gilbert Stewart. They returned to the city in the evening.

This morning the Association was called to order at 9 o'clock, by Dr. Butler.

Dr. Buttolph was appointed a member of the committee on the time and place for holding the next annual meeting,

and to fill the vacancy occasioned by the departure of Dr. Van Deusen.

Dr. Bemis, from the foregoing committee, made a report which was adopted, recommending that the next meeting of the Association be held in the city of New York, on the third Tuesday in May, 1863.

Dr. Edward Jarvis, of Dorchester, Mass., then read a paper on *Mechanical Employment for the Insane*, embodying the results of extensive observation among the asylums of England, in regard to the employment as artisans of the inmates of those institutions.

Dr. Curwen said :

As to the question of labor, as applicable to our own institutions, I find it difficult to induce my patients to engage in it. My own experience leads me to believe that a large number of patients can not be induced to engage in the various different occupations. I have often been able to get a number to go out to work for a short time to perform some special labor, but have not been able to keep up a regular system, such as that adopted in English institutions. One reason why I think the difficulty greater here than in England is, the different condition of the patients. There is more excitement among our patients, and a greater unwillingness to engage in active labor : they say, " Our board is paid, and we are not going to work for it." This feeling is one of the principal embarrassments I have constantly encountered. Again, I can not engage the class of attendants who have either the disposition or ability to induce patients to go out regularly to work. I have no difficulty in getting a certain number of men to work in the garden until the weather becomes rather warm, when they decline. That employment is of great service to all classes of the insane, I think no one can doubt for a moment, but we are met by the objection of expense necessarily encountered in employing so many to look after them, and keep them from doing positive mischief. If we were justified in going to such expense, we could undoubtedly cure a larger number of patients. As to the trades carried on in



English asylums, there are few in my vicinity accustomed to these occupations.

Dr. Ray said :

One of the points in the English asylums which must strike a stranger, is that which forms the subject of the paper of Dr. Jarvis—the superior degree of industry and quiet which they manifest. I think any one accustomed to American asylums would say that was the first thing that struck him as peculiar. Of course, it is the first he inquires about and endeavors to understand, especially the quiet. The amount of labor, I suppose, is consequent upon that condition of mind which produces the superior quiet. I spoke of the subject to the superintendents, and they were not surprised at it. I found, however, their conclusions all went in one direction. They said it was owing to their system of non-restraint. If we would abolish restraint, our patients would be more quiet, and we could employ them more in labor. They had, in their notions of restraint, the old customs of their English institutions, and no doubt if restraint was used in our asylums as it was there, their views would be correct. Even so intelligent a man as Dr. Conolly could not be convinced, and thought the great difficulty, and the only one, was in our use of restraint. Their faith was somewhat staggered when I assured them that a highly excited stage of mania was a very common thing with us, and a very uncommon thing with them. During all my perambulations through English hospitals, I never met with a single case of raving mania.

Now it is idle to say that restraint can make such a difference as that. Patients come in that condition and remain in it, whatever we may do, and certainly we do not put every such person under restraint. Dr. Hutchinson, of the Glasgow institution, seemed to appreciate that matter, and said he had had a suspicion for a long time that the character of the disease had been changing there since he was a young man; that then it was not a very uncommon thing for patients to come to the hospital raving—now it rarely happened. He could not attribute it to anything except a change in the type of

the disease ; certainly it was not attributable to anything in the management.

I think there will hardly be a question that the patients we see in the English hospitals present a very different appearance from ours, and not owing, I think, to the state of the disease, but attributable to various other causes. Now a large proportion of the patients in the English hospitals are paupers, like their parents before them, and their children after them. That relation establishes a certain kind of manner, conduct, and course of action, which leads in some measure to the result in question. In the matter of labor, we give our patients their choice, saying to them, We would like to have you work, but we do not oblige you to work. They say the same. But the freedom of choice is a different thing there from what it is here. I do not say they use or threaten punishment. But when the Superintendent there says, "I would like to have you work," there is a sort of force carried with the wish which is unknown in our institutions. The patient is accustomed to obeying the voice of his superior, and the voice of a superior is a different thing in England from what it is here. He goes to work without any definite idea of punishment, but would as soon think of breaking one of the commandments as disobeying a man put over him. He would not think of saying, "Somebody pays for my living, and I am not going to work for it."

The agricultural laborers in England are very much addicted to beer and tobacco, and very dependent on these luxuries. At any rate their principal source of happiness is cut off if they do not get them ; and here is a strong inducement to work. One gentleman said, "I should not think of inducing my patients to go out and work if I did not send beer and tobacco with them—as it is, every body wants to go, we have more laborers than we want." And I saw a host of men weeding, digging and shoveling. We can not offer such inducements as these.

But I am sure that the prevalent forms of disease with us, are not favorable to that constant, steady application which work requires. Take the more recent stages of the disease. It



has here an element of excitement which we do not see there ; and that sort of nervous, restless excitement is not favorable to occupation. Either the patient is irritated about his confinement, thinks he has been oppressed or misused, and he will be independent, or he is too unsteady for work—does more harm than good, while it is obvious he is no better for it. Even in chronic cases it is the same. Many patients can not exceed a half day's work at a time, without getting excited, and becoming restless, quarrelsome and sleepless.

Then there is another consideration which must always curtail in a very great degree the amount of agricultural labor in our institutions. That restlessness of patients is connected with a desire for elopement. If the patient is allowed to go out in the ordinary way he will find his chance to elope, some time or other. If a very restless and excitable patient has a strong desire to go home, and is allowed to go out to work, he will certainly go with the deliberate purpose of eloping. Elopements in English institutions are very rare, for the patients never were so comfortable before. They have better lodging, treatment, attendance, than at home; and they have no inducement to go off. Every one of our patients has something in view better than the life he is leading there.

Then, too, no one can fail to recognize the fact, that here, in the latter stages of the disease, there is greater degree of dementia coming on at an earlier period than is seen in England. The patients seem more stupid, having less power of appreciation and facility of execution. In the English institutions you see patients who have been in the chronic stage of the disease year after year, working as well as any others ; whereas, with us it is comparatively few of those in this stage of disease who are able to accomplish anything like steady work. If we were disposed to go into the matter regardless of expense, I presume we could increase the aggregate amount of laborers, but at the present rates of board it would not be possible.

The amount of labor obtained in institutions in New England, it appears to me, has been steadily diminishing, owing to various causes, no doubt, such as the increase of foreigners

who do not feel that obligation to work in any institution that they would at their homes. Then there is the modern peculiarity in the type of the disease—a type which uses up a man's faculties from the beginning, indisposes him to work, and blunts his perceptive faculties.

Some years ago, (1841,) when I took charge of the hospital in Maine, with sixty patients, I found a greater number able to work than I have found since with 130 patients, because they were Maine farmers, yeomen, who were attacked suddenly, got through with the first stage of the disease, were able to work, and found working employed their time. The chance is now, that your patient has got used up with bad habits, and more or less pathological disturbance of the brain, a state which does not dispose them for labor, or anything else that requires constant and steady application.

Dr. Langdon said :

My experience corroborates the doctrines of the paper. I have kept a number employed a great part of the time. I think those employed inside and out side are about equal ; say thirty-five of each. In addition, we employ in kitchen-work, and in the engine and gas houses, seven. Twenty in the laundry—and I hire but one man in this department. The women patients do the ironing, and much sewing. One patient attends the steam-engine for pumping water. No one goes near him during the whole week. There are two or three who do the entire dining-room work. Others are employed in the wards. In the shoe-shop I have four who will average regular work, and more who work steadily all day. In the tailor's shop four patients work steadily, and do all the mending of the house—without an overseer. This shop is in the wards. One man works steadily at bird-cage making—through him the wards are now all supplied, and these cages I have filled with birds. One man makes dressing-cases, bureaus, etc., in very excellent style. One assists the baker, one the carpenter, and one is a kind of tinker. I think we employ, on the average, one hundred and forty-five patients daily, out of three hundred and seventy. I am satisfied that the house is more quiet and peaceful in every way



in consequence of keeping these people employed. They go out at seven in the morning, and return at eleven—go out again at one, and return at four. A number of these, if kept in, would be very excited and troublesome patients, whereas they are kept entirely quiet by their work.

As to the lack of confidence implied by keeping dangerous instruments out of the reach of patients, we have one man who had been four years constantly ironed in another institution, and was considered very dangerous, who had whipped four of his attendants with his irons on. He seized one man by the testicles, and took off the entire sack. I determined to free this man from all restraint, and removed his irons. I had a powerful and courageous attendant, who, when he took him to his lodging room, took off his manacles and put him to bed, and in the morning put them on again while he was at his breakfast, and then again removed them. When I visited the wards he had them off, but made no demonstration. If any one disturbed him, he was inclined to quarrel. One day, while in the dining-room, he asked permission to look at a large carving-knife on the table. I consented. He picked it up, eyed it eagerly, looked at the attendant, who affected indifference, but was watching him, then laid it down and walked off. He now works regularly with a shovel, in the garden. He is stubborn, and they sometimes have to chastise him, when he always drops his shovel, and has never injured any one with it yet. If I had a greater number of attendants I could keep more patients employed, and the employment would do them a great deal of good.

Dr. Bemis said :

The patients in the English asylums all perform some useful labor. Those who do not work are the exceptions. I remember very well, in one asylum which I visited, the amount of work done by the patients was almost incredible ; almost all the offices of labor in and about the institution were filled by patients.

The engineer was a patient, the cooks were patients, the butcher was a patient, the gate-keeper was a patient, the

gardeners and overseers of the work shops were all patients. At this place they had thirty acres of ground under spade cultivation; and the green grocers from the city came early in the morning for vegetables and fruits from the gardens, for the market. In the shops they made shoes and clothing for the market. In the laundry they did the washing for one or two large training-schools in the neighborhood. They were also repairing and remodeling the asylum buildings, and laying out the grounds and building roads and walks: a very large part of the labor being performed by patients. Much the same state of things I found in every county asylum in England; patients all at work, and performing useful labor.

As much as I approve of labor, I should hardly dare submit to the state of things I saw every where in England, and yet I confess, it is what I am seeking to accomplish more perhaps, than anything else. I am confident that whatever success we attain in this direction will be of great benefit to the patient, and thus secondarily to the institution—at present, however, the labor we get at Worcester costs more than it yields. For instance, I could carry on all the operations of the farm in a better manner, and with less paid labor, without the assistance of the patients than with. It is true that we do certain kinds of work which we should not do with paid labor, and thus the value of the State property is increased, and we perhaps procure for our patients some luxuries which we should not except for their labor. But it is a kind and quality of labor which we should not purchase.

I am not able to say what proportion of our patients labor. Probably 90 per cent. perform a little labor. But no more than 20 per cent. labor to any advantage.

There are other points to be met, besides the value of labor to the patient, or to the institution. It is for us to determine whether, on the whole, we can afford the introduction of labor as a remedial measure, to any very great extent, in our hospitals for the insane; whether the incidental difficulties and dangers are not greater than the benefit to be derived. We all know the great liability to accident from the use of tools among the insane, and also the increased danger from fire,



when a large number of patients are permitted the privileges necessary to induce them to labor. Then again, friends will soon require pay for the labor performed by the patients. In the month of May, we had 1827 full days' labor performed by the patients in the hospital, and shall probably have 20,000 days labor performed in the course of the year. At this rate, outsiders will soon regard our Insane Asylums as self-supporting, and it will be very difficult for them to believe that all this labor is worth really nothing. This question we must meet in all its forms, and I apprehend that it will be difficult and annoying.

Pecuniarily, the work done by the insane is of no value. It is always unsteady, full of imperfections, and the cause of a hundred annoyances, and subjects the institution to very severe risks.

What must always interfere with the pecuniary benefits of labor with us, is the fact that as soon as an incurable patient has been taught to work to advantage, he is removed by the Commissioners or Overseers of the Poor, thus depriving the Hospital of any benefit.

Nearly all females labor. Women everywhere sew, knit, embroider, and crochet, as a matter of course, and the consequence is that a larger number of females than of males are employed in our Asylums. If we could provide as great a variety of light work for the males, we should induce a larger number of them to labor, although the results might be of inconsiderable value.

Dr. Bancroft said :

My experience differs little from that stated by Drs. Curwen and Ray, yet it is a matter I have been deeply interested in. I have been thoroughly satisfied that occupation of some kind has an important curative influence, and I have been desirous to realize the benefit of it to a greater extent than has been done hitherto. Of course the labor must be voluntary, and where the question is proposed they meet it with the answer which has been specified. The number is small who have been induced to labor with advantage. We have but eight

or ten men who labor on the farm with any degree of regularity, and of those the remark is true that, from long and continued trials, we have found that it costs all that it is worth.

Our experience in New Hampshire has been, that whenever we have had an incurable patient, who has been brought into a condition that could make him useful to us, he would not long remain, but would be removed to the poor-farm.

Of mechanical occupations, it has fallen to our lot to have scarcely a single man who had mechanical skill of any kind. Whenever we have had a mechanic, who was a good workman, there was something in his character to interfere with the practical realization of the avails of his labor. He becomes dissatisfied because we do not allow him compensation for his services. We get more work from the female than from the male side of the house. In that department the labor is of some service, and pays more than it costs. I would like to inquire of Dr. Langdon as to the class of patients that are laboring so generally.

Dr. Langdon replied, that the great majority were foreigners, committed by the courts.

Dr. Woodburn had been very much instructed by Dr. Jarvis' paper. He did not think that with the small appropriation they had for the support of their institution, they could get along without the labor of patients. They had a farm of one hundred and sixty acres of very fine land, and to cultivate it employed but one farmer and a gardener, beside the labor of the patients. The profits of the farm amounted at least to between five and six thousand dollars. His plan was, not to suffer the patients to work long enough to make them weary. He had not had long experience, but had observed that the out-door workers, among the men, and the women who employ themselves in-doors, were always the most likely to be cured and go home. He found that those not inclined to work were the chronic cases. The main difficulty he had experienced was that of not having sufficient employment to offer his patients. He had no doubt they would render four times the amount of service to the institution and themselves, if he had more for



them to do. He was troubled very little by attempts to elope, and thought the advantages of labor were so great as to warrant the risk of a patient, now and then, escaping. If a patient convalescent, but not fully cured, escaped, he was in the habit of writing to the friends to detain him at home, and if he continued to improve to write ; if not, write also, and he would then send and bring him back to the Asylum. During the past few months, his patients, under the charge of a carpenter, had put down a number of new floors, and made other important improvements in the house. In grading, and out-door work, he had accomplished a great deal.

The ironing is done by the female patients, and without the aid of any machinery. He should not desire machinery, as he wished the benefit of the manual labor. All the sewing, knitting, &c., of the house was done by the women patients.

Dr. Gray said :

I have never been accustomed to look upon labor principally in the light of its pecuniary value to the institution, but as an important remedial measure, beneficial to the patient in promoting his comfort, facilitating his recovery, and producing quiet and order throughout the house. If the question was asked, whether we did not receive pecuniary benefit from this labor, I should reply affirmatively. We undoubtedly are able to take better care of the patients, expend more on their behalf, securing to them advantages they otherwise would not enjoy, from having their labor to assist that of the hired attendants. And again, the majority of our patients are farmers, and from the laboring classes, and accustomed to work. Fifty or sixty are frequently engaged in useful labor about the shops, barn, farm and garden, yet we should not think of dismissing the hired laborers in these departments, and trusting the tools, crops, or stock, to such uncertain hands. It must always be borne in mind, too, that these persons are not to be employed in proportion to their strength. We must see that their occupation is of a kind and amount calculated to benefit, and especially not injure, them ; whether it disturbs or calms the patient, hastens or delays his recovery. With

us, indeed, the climate will not admit of putting the more delicate to much if any out-door work. The winters are too severe, and summers, much of the time, too hot. The grain or other crops are too important to await pleasant days, with a view of having them planted or gathered by the patients.

With Dr. Woodburn, I find no difficulty in getting patients who are willing to work, but rather in deciding who shall be permitted to do so. I should be very unwilling to pursue the course adopted in many of the English Asylums to persuade them to work, and still more unwilling to trust them with dangerous implements, or the exclusive care of dining-rooms, or the running of an engine, as stated by Dr. Langdon. Indeed, I do not think that, for their own good, they should be charged with any such serious responsibilities. Instances are not wanting of patients injuring themselves, and, under such indiscriminate employment, they have attempted and executed murderous attacks upon each other, and their attendants. Under the greatest vigilance and care, accidents will occasionally occur, and patients should, therefore, always be accompanied by some responsible person. The question of labor, its benefits and disadvantages, is far from solution in this country. As to elopements, I look upon them as a serious evil—they bring discontent and distrust. I am well persuaded that we could not trust our patients to go out, generally, with the expectation that they would not try to escape.

Again, it is not uncommon for friends of patients, hearing by our letters or otherwise that they are engaged in useful employment, to ask whether or not the charges will be less for their care, or they will propose their removal at once, supposing that because they are capable of labor they are well, or, at least, would recover at home. So with many of the County officers. As soon as they ascertain that a patient is quiet and comfortable, and inclined to employ himself, they are anxious to remove him, supposing that such a course is for the interest of the public, not understanding that this is one stage of his recovery. Cases of mania are benefited by moderate labor, when they begin fairly to recover: melancholiacs, where their general strength will admit of it. Those most benefited by labor



are cases of mania, passing, or having passed, into its chronic stages, or into dementia, or cases of simple dementia. These are undoubtedly benefited by regular employment, in proportion to their general vigor, and are probably the classes to which Dr. Jarvis' paper refers. In all the institutions in this country the great amount of labor performed, and the most useful, is the in-door care of the house, and of this the female patients, as has been remarked by others, do the larger part. Many are thus educated to habits of industry and personal care and neatness, and constitute the large class discharged as improved, and who become very useful to their families, while otherwise they would occupy a very different condition. In looking at the question of labor, therefore, I would confine myself exclusively to the point of its advantage to the patients, and regard the pecuniary profit to be gained as altogether secondary in importance. If labor was adopted, except as an incident of the treatment, I believe many recent cases would be seriously injured by it, and by the necessary exposure to heat and cold.

Dr. Workman said :

I wonder why all the gentlemen who have spoken have been so shy of beer and tobacco? Dr. Langdon said nothing about these indulgences, although he gets a great deal of labor out of his patients.

There is no new Asylum in England that has not its brewery. Ale is a daily ration, and a double quantity to the attendants. This beverage has an exceedingly quiescent, beneficial, and healing effect upon the mind and body. I remember that I, at one time, reduced the beverage in Toronto Asylum, on account of a repugnance to it on the part of a certain class of people. I did think that the treatment of insanity was exactly the right field to carry out the cold water ideas. I have extended the consumption of ale since my visit to England. I think our Directors will erect a brewery, so much has the change introduced accomplished for the comfort, quietude, and general health of the institution.

I do not wish to encourage the use of tobacco, but where I

can use it to soothe, and induce to sleep and work, I think it advantageous. Smoking is not permitted indiscriminately. There are particular places appointed for it. It is an indulgence permitted more freely to those outside, as is known to the patients. In the afternoon we give them a cup of coffee, never over-work them, and calculate that each patient shall do half a day's work. We do not wish to push it to fatigue. The quantity of glass which has been broken by the insane, has decreased to one-tenth of what it was formerly, since tobacco was used. So far from sleep being interfered with by hard labor, I find it conduces to sleep. It is not a disagreeable fact to realize—that referred to by Dr. Gray—that patients will recover so as to be useful to families, and some will be taken home, uncured, and brought back. We find it an invariable rule that the patient will not recover who will not work. I can conceive of nothing more unfortunate than a patient who has never been taught any branch of industry. I believe the gentlemen from New England have been too harsh and uncharitable towards themselves. I would not have given the character to their institutions which they themselves have. When I visited their institutions, I thought there was a great amount of laziness,—too much reading, languor and lassitude, and not a very good physique. Incubability is among the penalties of laziness. I think beer is a great agent in producing quiet, and as Dr. Langdon lives in a lager-beer country, I would like to have his views on this subject.

Dr. Langdon replied :

I furnish my patients with beer and tobacco, daily—tobacco both for smoking and chewing. I give them three glasses of beer a day, and furnish them with a plug of tobacco.

Dr. Fisher said :

It seems to be the universal opinion that labor is of the utmost importance in the treatment of mental disease, producing mental quietude, calmness of conduct, and alleviating suffering. I must differ from some of the gentlemen who have preceded me, in regard to the pecuniary value of this



labor. I have twenty or thirty men whose labor is equal in value to any that I can hire, and an equal number among the female patients. Every inducement is offered to make them labor out doors. We give them a glass of beer, and tobacco for smoking and chewing, daily.

In the way of amusements, I have found gymnastic exercises very acceptable. A certain number meet several times a week, and go through the exercises of the rings, bags, weights, &c., to the music of the piano.

Dr. Rockwell said :

I allow that the effect of employment in useful labor is one of the most important remedial agents we have. A great deal of prudence, care and discrimination are required, however, in this matter. Some have not the physical health, others are too excited to admit of their being employed ; others again would injure themselves by over-work if permitted. If conducted with the same prudence and care with which we administer medicine, I consider it one of the most important means we have.

Dr. Tyler said :

I suppose that Dr. Jarvis' excellent paper refers to the item of labor as employed in the English pauper asylums. It is sought for to give a natural and healthy direction to the mind, as well as exercise to the body. This is recognized as indispensable in the treatment of mental disease. Of course if this end is gained, it does not matter what means are used, if only the mind is *occupied* in a sane and healthy way, and the means must vary with the habits of the patients. In some of our hospitals, a majority of the male patients have never been accustomed to manual labor when well, and can not be expected to take to it when insane, and therefore they must be diverted and occupied in a different manner. In some farming operations they may be interested—haying is especially attractive, but the making of boxes or shoes would be anything but a diversion. Recourse must be had, then, to driving and walking—to pleasant grounds for out of door games ; to systematic exercise, and to a good library and an

abundance of periodicals, and to quiet amusement and literary and musical entertainments within doors. It is always much easier to occupy the ladies of the house than the gentlemen. Still, there will always be some who will not be willing to work for themselves, or their friends, or for the asylum, unless they are paid, and yet would be much happier if employed. I have found, however, an almost universal willingness to engage in charitable labor. Some time since, a gentleman placed funds at my disposal to procure materials for socks and shirts to be given to the poor, and almost every one engaged in their manufacture eagerly and immediately. Emotions of generosity and pleasure were associated in the work. So it has been with working for the soldiers. We have had but few idle fingers among those ladies who were able to work, since this "new field of labor" has been opened. But upon the other side of the house, if you have horses in abundance, and all the books, billiard-tables, bowling-alleys and tillable land you desire, you will still find that something more is needed. In going through the wards you will find persons uninterested and unoccupied, and lounging in attitudes which morbid mental action and inaction always assume ; and he who can discover some available method of remedying this difficulty, will make a long step of progress in the alleviation and care of the insane.

Dr. Jarvis said :

I think that Dr. Langdon is right. I have looked at this matter in various points of view, and hunted up all the records that I could find, but none of these records pointed to any positive and satisfactory results. There have been no complete and reliable enumerations and records made of the number of lunatics, in any state or nation, at two or more distinct periods, which would show whether there had been any increase or decrease in proportion to the population. Still, taking all the facts that I could find, and making such comparisons as they allowed, my conclusion was that there was not any increase of insanity, except in proportion to the increase of population. There is an increase of insanity, but



it is due to the increase of the people. Wherever and whenever population increases, as it has in this country and in almost every civilized nation, there has been, and there will be, an increase of the number of the insane, at least in the same proportion, unless the causes which produce insanity are arrested. If these are constant, their effects, the disordered brains, must be constant. And whatever variation there may be in the number and proportion of the insane, for the increase or for the decrease, it is owing to a preceding variation in the extent and force of the causes. Intemperance has been one of the chief causes of insanity in the Northern States. If the people drink rum, whisky, brandy, wine, beer and other intoxicating liquors as freely at the present time, as they did twenty or forty years ago, then there will be as large a proportion of them made insane from that cause as has been heretofore. But if the temperance reform has diminished this indulgence, it has to the same extent diminished the cases of insanity from that source, and lessened the proportion of the insane among the population.

Accidents of kinds almost numberless are given as causes of insanity. Now it is plain, that with the marvelous improvements and increase of machinery, of the facilities of rapid traveling, and the use of all sorts of chemical agents, dangers have multiplied and accidents have increased, and of course, the number and proportion of lunatics from injuries have also increased. Ill health, a generic term that is used to comprehend a legion of pathological states and bodily ills, is given as one of the most frequent sources of insanity. If, from better intelligence and discipline, people are led to be more faithful to the laws of their being, and thereby avoid many or most of causes of vital deterioration, of course, to that extent, they stop the flow of mental disorder from this fountain, and thus lessen the sum total of the insane. But if the habits of society tend more and more to carelessness and self-indulgence, the tone of the general health is lessened, and lunacy from that cause is increased.

It is manifest, then, that the question of the increase or decrease of insanity, resolves itself into one of the increase

or decrease of its causes. And these every one has some opportunity of observing. We can look ourselves and see whether these causes, which vitiate man's mental health, are increasing or diminishing. In Massachusetts, and generally throughout the country, the grossest form of intemperance has decreased. There is more fashionable drinking now than there was ten years ago. I do not think there is so much drinking of rum and whisky, and those things which have the worst effect upon the constitution, now as formerly, especially among the respectable classes, the farmers and manufacturers. Among these there is hardly one-tenth of the rum used now that was drunk then; and of course insanity from intemperance in these classes has diminished.

But the Irish laborers who have come to Massachusetts, principally within fifteen years, drink much more rum than the Americans who did the same work before them. And this class has furnished the public hospitals of that State with a large part of their patients. The proportion caused by intemperance followed the course of this dissipation. Of the whole number admitted into the Worcester Hospital, the proportion caused by intemperance was 19 per cent. in the four years 1833 to 1837, when this indulgence was most prevalent among Americans; 4 1-2 per cent. in the period 1846 to 1850, when the reformation was at its height, and 9.7, almost 10 per cent., in the last four years, when fashionable and Irish drinking was much increased. Then again, all that sort of over-labor of the brain from extreme devotion to study, to business, to politics, or any matter of absorbing interest, has increased with a corresponding increase of mental disorder from that source.

This question resolves itself merely into an examination of the growth or decline of the habits, events, conditions and influences that disturb the regularity of cerebral actions, and every one can see for himself, at least within his sphere of observation, whether these have an upward or downward tendency.

Another matter, of which Dr. Langdon spoke, deserves



much consideration, when different periods, or different states or countries are compared with each other, in respect to the apparent prevalence of insanity. We judge by their records. But are those records all made on the same basis, and do they mean exactly the same things? Were the facts of insanity as thoroughly investigated and revealed, and as faithfully recorded and published, in the past age as they are in the present? My impression is, that there has been a wonderful improvement in this matter, within the last fifty or even thirty years. When insanity was considered as a perversion or weakness purely mental, families kept their insane members out of sight as much as possible, and many were known only to intimate friends. If any one, forty years ago, had said, that in Massachusetts there was one lunatic in every five hundred persons, nobody would have believed him, and yet there are more than that now; and, I doubt not, there was as large a proportion then. Men then formed their opinions of the number of the insane by their own observation, which was very limited; but the whole truth can be known only by a very comprehensive inquiry, which is generally very difficult, and often a failure. If we ask, now even, intelligent men as to this matter, unless they have read carefully prepared and reliable statistics of the insane, they will be apt to think, "I know of a crazy fellow who belongs to my neighbor's family, but he is usually kept out of sight, and few beyond the neighborhood know he is crazy; there is a crazy woman at the poor-house, yet she is rarely ever seen. These are all I know of in town. I know of none in the next town north, and one in the next town south. I don't suppose there are more than one in every three or four thousand in the whole State." The facts of insanity are very difficult to be obtained. They lie concealed in the bosom of families, who are not always willing to reveal them, especially to strangers and public officers; and no attempt by the ordinary public inquiry, has brought out the whole truth. When the census marshal is at the door, with his book open and his pen in hand to make the record, the father or mother freely gives all the information he wishes, until, at length, he

comes to the question, "Have you any insane persons in your family?" The first and natural impression and thought of the informant is, "I have an insane child, but that is not a pleasant fact for me to tell. My neighbors and friends may know of it, but I do not wish to publish it to the world," and the answer is, "No, I have none." He goes to another place and asks the same question, and the lady of the house thinks, "What is that to you?" and he gets no information there. He goes to another place and asks, and the mother thinks in her own heart, "I know that my daughter is odd, and sometimes very perverse, but she was always strange; and haven't I always kept her out of sight of all but our most intimate friends, and even from them I have concealed her in the chamber when she was more odd than usual, and it has never been suspected by any beside my husband and myself, that she is insane. I am not going to tell this man of it, and let him write it in his book, and let the Government publish it." With all the various motives for concealment on the part of the friends, is the marshal who collects the information likely to hear of all? Not nearly of all.

In the year 1848, the legislature of Massachusetts appointed a committee to ascertain the number and condition of the insane in the State. This committee sent circulars to the selectmen of every town, and the mayors and aldermen of the cities, asking them to report the facts. Now, these selectmen and aldermen, although men of high respectability and trustworthiness, know just as much of the internal condition of families in their respective towns, as any other men of their intelligence and social position, and no more. Except the poor-house, their office gives them no knowledge of the domestic matters of any dwellings in their precincts, beyond what they possessed before. But they sent to the commission all the facts they possessed of this matter, and the sum of the information thus obtained revealed fifteen hundred and twelve lunatics in the State, or one in six hundred and twenty-three of the population. Two years later, in 1850, the marshals of the United States discovered sixteen hundred and eighty, or one in five hundred and ninety.



In 1854, the legislature ordered another inquiry, through a commission, of which I was a member. The first question with us was, "How shall we do it?" It is plain that the methods already tried have failed. We then thought that "every family is known to some physician." I therefore got a list of all the physicians, learned and unlearned, quack and regular, man and female, all sorts of doctors, and wrote to every one of them, sending a schedule with thirteen questions to be answered, and asked them to make returns to me. By perseverance and urgency in every kind of way, by using every sort of aid and influence, writing to some half a dozen times, and visiting sixty-five towns, I got returns from every reliable physician in active practice, in Massachusetts, except two regular physicians who refused to answer, and two quacks who took no interest in the matter. I got, probably, as complete a survey of insanity as ever was made in the world. Twenty-six hundred and thirty lunatics, or one in four hundred and twenty-seven, was the result. This was conclusive, and the reports published by the State were sent to every person who had aided the commission. I mention this to show how difficult it is to get at any reliable enumeration of the insane, and how unsafe is any comparison between the published records of these enumerations. According to these three investigations in Massachusetts, the ratio of insanity to the population had increased almost six per cent. in the two years before 1850, and almost thirty-nine per cent. in the four years after 1850. This no man, at all acquainted with the law of this disease, will believe. The increase is not in the number of the insane, but in the accuracy of the investigation.

Everybody knows the enormous and absurd misstatements of the census of 1840, in reference to the colored insane in the free States. According to that document, of all the colored people in Maine—including not only the adults and youth, such as are ordinarily subject to insanity, but all the children, and infants, and youngest babes—one in fourteen was stated to be insane. In Michigan, one in twenty-seven; in New Hampshire, one in twenty-eight; in Illinois, one in forty-nine, and in Vermont, one in fifty-six, were called

insane. This was a pure creation of the imagination. The same marshals obtained, and the same document states, the numbers of the colored population, and the numbers of the colored insane, and both furnish proof of their own errors. In Maine, the town of Limerick is stated to have no colored persons, but four colored lunatics. Scarboro' had no colored people, but six colored lunatics. In Massachusetts, Freetown, Leominster, Wilmington, Sterling, and Danvers, are all stated to have no colored persons of any age or sex, yet each is stated to have two colored insane. Many other towns in the free States, according to this document, have the same wonderful faculty of making bricks without straw, of creating colored insanity without colored subjects for it to rest upon. The manuscript record of the marshal calls all the one hundred and thirty-three patients in Dr. Woodward's Hospital negro, and the published report includes all these among the colored insane in Worcester. This is the way in which the liability of free colored people to insanity is shown. And yet, our wise legislators believed the report. Moreover they published it, and made it a ground of legislative action. This has done an immense amount of political and scientific mischief. This misstatement has been republished in England, France, and Germany. Dr. Boudin, in his excellent work on medical and geographical statistics, endeavors to show that the increase of cold vitiates the mental health of the negro, and he does this solely on the erroneous statements of our census in 1840, that the colored insane are, in Louisiana, one in 4,310; in Virginia, one in 1,309; in Pennsylvania, one in 257; in Massachusetts, one in 44; and in Maine, one in 14, of all. If he had carried the principle further towards the north pole, he would have had more insanity than persons, and made the disease an abstraction without subjects, as the marshals did in many towns of the northern States. I met Dr. Boudin, the author of this work, in Paris, and told him that all this was an utterly baseless fabric of the imagination. He was glad to be set right, and said he would correct it, in his next edition. I merely mention this to show how loosely some national documents are compiled, and how unreliable those devoted to



science often are, and how cautious we should be in comparing the statements of one nation, or one period, with those of any other, especially in respect to the numbers of the insane.

*Dr. Ray.* I wish Dr. Jarvis to speak of the general deterioration of life. Is there more or less ill health now than formerly?

*Dr. Jarvis.* I know that this question is frequently asked, and many believe the tone of general health is lower now than formerly. But I think it is without sufficient reason. Has there been any decrease of the vital force in the community for the last forty or one hundred years? Do civilization, and progress, and refinement reduce the vital power of men? Some facts show to the contrary. In 1693, the British government issued a Tontine, to borrow millions upon the basis of certain lives, upon which they were to pay annuities. Mr. Pitt issued another Tontine one hundred years afterward, in 1790, upon the same basis, and it has been found that these lives were so much longer than those a hundred years before that the British government were obliged to give it up. It was ruinous, so great was the increase in the duration of life in the course of a century.

I think there are a great many deteriorating causes in civilization. A great deal of refinement refines only in the sense of attenuating life. Still, civilization has given an increase of comforts, better houses, and security against all the causes of suffering, cold, and storms, greater certainty of proper food, an increase of better cooks, though these are yet bad enough. Still, cookery is better than it was in the days of our fathers, and food is more convertible into blood, and that more convertible into muscular fibre, and that fibre is more enduring than in the earlier days. The general effect of all these is to protract life, and give it greater force to resist the causes of physical or mental disease, and more power of endurance, and make the number greater who will live beyond three-score and ten.

*Dr. Ray.* Would you not make a distinction between longevity and vital power?

*Dr. Jarvis.* The better health a man is in, the better are his chances of surviving the dangers of destruction. The more vital force and general health is increased, the greater is the diminution of the insane, at least, from this cause. Nevertheless, it is easy to see, that whenever sickness is averted and the average longevity is increased, by better habits, more abundant and appropriate means of sustenance and protection, and wiser self-management, there may be also a larger proportion of weak constitutions that are saved from destruction by the same means. I found a proof of this, a few years ago, in analyzing the bills of mortality of many nations. 1. That of a thousand children born in each country, more would survive the perils of infancy, childhood and youth, and enter on mature and responsible life, at twenty, in Massachusetts, than in England, Belgium, Sweden, and some other nations. 2. That of a thousand who should survive the age of twenty, and enter on working life, more would break down in this period, and die before the age of sixty, in Massachusetts, than in those nations. 3. Lastly, that of a thousand that should survive the period of labor, and enter on old age at sixty, more would reach the age of eighty here than elsewhere. The explanation is this. Man may be considered as a living, working machine, which requires twenty years of the greatest skill and care to build and prepare for use, otherwise it may fall in the process of building; but when well made and of proper material, it may run forty years or longer. If the builders are rough and careless, they destroy many of their machines before they are finished, and none but those of the strongest materials can survive their rough handling. But in the hands of skillful and careful workmen, machines even of weak materials are made and finished—though, from their inherent weakness, they can not last long in doing the ordinary work put upon them. In Massachusetts, where property is so equally distributed, the comforts of home, and the proper supply of food, protection, clothing, &c., are almost universal, and the people are so generally well educated that most mothers have a certain amount of administrative wisdom, and know how to take care of the children, better than women



elsewhere; more therefore survive the perils of infancy, and fewer weak constitutions are broken down. Massachusetts throws upon the active responsibilities of life more men of feeble constitutions, or machines made of poor material, because they are not broken down in making up. Again, in Massachusetts more people labor, and take heavy responsibilities, and more burden is thrown upon these machines, and more of them are broken down at thirty, during the working period, forty or fifty years before they have finished their work. In regard to those who survive the period of sixty, the same conditions that carried them through the perils of childhood carry them also through the discomforts and difficulties of old age, and more of them survive to extreme old age.

If you will indulge me, I will call attention to another fact, which proves the advantage of intelligence and skill in preserving infancy from destruction. I analyzed the reports of births, marriages, and mortality of England and Wales, for seventeen years, in order to see what connection there might be between the degree of intelligence in the domestic administration, and the life of little children. I divided the countries into three classes. In the best class, 31 per cent. of the women, when married, signed the register with their marks, and 69 per cent. could write. In the worst class, 63 per cent. signed their names with marks, and only 37 per cent. could write. This was the only manifest difference, but it indicated a corresponding difference in general intelligence, and of administrative wisdom. The second or intermediate class was omitted, and the comparison made between these extremes of education and ignorance. During these seventeen years, in the first class there were 804,170 marriages, 2,935,573 births, and 443,902 deaths of children under one year. In the worst class there were 749,927 marriages, 2,853,774 births and 541,906 deaths of infants. The first noticeable fact, is the larger proportion of births to the marriages among the less intelligent than among the better educated families. But the most interesting point, is the great excess of mortality of little children in the ignorant classes;

among whom about 19 per cent. of all that were born died before they were a year old, while in the more intelligent counties, only 15 per cent. died at the same tender age. Comparing these with each other, we see that there was 25 per cent. more deaths of infants in the less educated than in the better educated districts. This is a sacrifice of 111,272 to the ignorance of their mothers.

The progress of civilization is removing or diminishing the causes of human suffering, the sources of disease, and some of the fountains of insanity. With the increase of intelligence, men and women are better prepared to provide for and manage themselves and their families. People are better protected, better housed, and better nourished than their fathers were. I think the food at the present time is more digestible and more nutritious, and gives the body a higher tone of life than the food of the last century. This is especially true among farmers.

The discussion was continued till one o'clock, when the Association adjourned to meet in the evening at the Butler Hospital, which institution it was proposed to visit in the afternoon. After dinner, carriages were in waiting at the door of the hotel, and the members of the Association made an excursion to the Butler Hospital, about three miles from the city, and under the guidance of Dr. Ray, rode over its beautiful and extensive grounds, and subsequently passed through the wards, inspecting its interior arrangements and entire economy. Everything about the institution bore the most conclusive evidence of order and discipline, and the completeness of all its appointments.

At 6 o'clock, Dr. Butler called the Association to order, and Dr. Jarvis read a paper giving an account of his recent visit to English hospitals for the insane.

It was followed by a free discussion, in which Drs. Ray, Bemis, Butler, and Workman took leading parts, all of whom had visited European institutions. The subject of a Supervisory Commission, such as the English Commission of Lunacy, was discussed in connection with this paper. Such



boards were not favorably regarded, and the experienced Superintendents who had been abroad, were of the opinion that no good results could flow from their introduction into this country. On the contrary, that a roving Commission, unfamiliar with hospital life and duties, and the difficulties attending the management of such institutions, and intrusted with such responsibilities and powers, might accomplish a great deal of evil and but little good.

By some of the speakers, the nonsense and twaddle abounding in the English Commissioners' reports, were cited as evidence of the petty matters to which they directed their attention, and the superficial and unprofessional views they often entertained on the subject of the general treatment and management of both patients and institutions.

Adjourned to meet at 9 o'clock in the morning.

The members of the Association were then met in the private apartments of Dr. Ray, at the Hospital, in the evening, by a number of professional and other gentlemen from Providence, and partook of an elegant entertainment. They returned to the hotel at 10 o'clock.

#### FRIDAY MORNING.

This morning the Association met at 9 o'clock, Dr. Butler in the chair.

Dr. Buttolph read a short communication on the subject of aërated bread, which elicited remarks from Drs. Bemis, Jarvis, Butler and Tyler.

Dr. Jarvis then gave an account of his visit to the World's Statistical Congress, held in London, in 1860.

Dr. Jarvis said :

In 1860, I attended the International Statistical Congress at London. It included statisticians and sanitarians from every civilized nation of the earth. I was especially a member of the sanitary section, which gave its attention to all matters connected with health, sickness, vital statistics and mortality. Among others, the subject of Hospitals received much attention ; and their management, their support, their efficiency, and the best way of extending their usefulness and influence,

were considered, in all their bearings. The power of a hospital extends beyond the field and time of its action. All its observations and experiences can be made, and should be made, to teach lessons of wisdom to the great worlds of science and of humanity, in present and future time. But great complaint is made, by those who would everywhere learn, of the want of system and uniformity in hospital reports, whereby their power is weakened, and their influence greatly diminished.

It was therefore voted to request the managers of hospitals everywhere, and especially of hospitals for the insane, to publish their reports in full, and on one uniform plan, alike for all the world. That the plan embraces all the important facts analyzed and reduced to a system, so that the important principles could be readily understood by whosoever would read and profit by these reports. It was also voted that this resolution be presented to the hospital managers of every nation, and they be urged to agree upon some system or plan, and all be requested to adopt it.

This request comes from good authority. The men of that Congress were there, who, in their several nations, give the most attention to the sanitary interests of the people, and to the best means of strengthening every influence that will promote them. I think none of them, except Dr. Varrentrop, of Frankfort, were, or had been, managers of insane asylums, yet all were familiar with such establishments, and the best methods of caring for their inmates.

There is much reason for this request of that Congress, as all, who wish to study the history of insanity and profit by the experience and teachings of those who have its management in their hands, have had too much cause to know. There are forty-two lunatic hospitals in this country, which publish reports of their history, progress and condition, and no two of them are alike in all their presentations of facts, or their deductions. More than this, the series of annual reports of the same institution, are not always on the same plan. It is impossible to establish principles founded on the basis of the whole experience of the country. The psychological student,



when looking through the records of many hundreds of patients that have been in one hospital, and many thousands that have been under the observation of all our hospitals, is often disappointed to find that so few of these facts are generally, and still fewer universally, available for any one purpose. In tracing any class of facts, in any series of reports from the same institution, he is, now and then, forced to find himself running into a vacancy. Wishing to determine the proportion of the sexes subject to insanity, he finds that some hospitals distinguish the sexes, and some do not. Some make this distinction in some years, and omit it in others. Desiring to ascertain the proportion of recoveries, he finds that although the facts of the restoration are generally stated, sometimes they are merged into the general head of discharges. Wishing to ascertain the kinds of influences that disturb the brains of the two sexes, he is unable to avail himself of the experience of some, who say nothing of causes, and of others, because they do not distinguish the sexes in this connection; and some, although they state these facts in respect to each individual patient, yet make no summary, but leave it to the student to labor through a series of patients and make the summary for himself. I have, for this purpose, gone over a list of several thousand cases, and analyzed the facts that were connected with each, and made my own tables and deductions. But this is a labor that few will undertake, and rescue such series of statements of individual facts as are of very little value to the world, who want the statements, tables, deductions and principles to be so presented that he who runs may read, for they have neither the time, the patience, nor the power to make these analyses, and yet they none the less want and need the instructions that might be given.

I am well aware that some differ from me in regard to the value of statistics, and deem other matters of more importance. I do not undervalue these other matters, but I consider the facts, their kind, their measure, and their number, very essential to confidence in any conclusion that may be drawn from them. I do not want Dr. Ray to abate one jot of the teachings of his sound philosophy, and trust he will give us much more out of

the rich treasures of his observations and understanding. But I want also to know the ground on which he stands, the facts which are the productions of his philosophy, and I can make them useful to others. The world is not always credulous. It is not satisfied with the doctrines we offer, but it demands to know on what basis those doctrines rest. The statistician wants to know not only the number of the facts, but their kind, and relation, and with them he can draw many valuable deductions.

Dr. Gray, from the committee on resolutions, reported the following, which, on motion of Dr. Langdon, were adopted :

*Whereas*, at this session of the Association we have been received by our brethren of this city and many of its citizens with a cordial welcome, and entertained in the true spirit of hospitality—have been permitted to visit their many interesting institutions, their work-shops and factories, filled with evidences of the most advanced mechanical art, and their scenes of great natural beauty and historic interest, therefore

*Resolved*, That to our professional brother Dr. Ray, and to Dr. Mauran, are hereby tendered our warmest acknowledgments for their constant, unwearied and highly successful efforts to render our visit one of mingled pleasure and instruction.

*Resolved*, That to the Superintendent and Trustees of the Butler Hospital, we would express our grateful sense of obligation for an excursion, replete with interest and satisfaction, to Newport, a spot renowned in our land for its gifts of nature and its historical associations, and also for the elegant hospitalities dispensed to us on the occasion of our visit to their institution, where our examination of the delightful grounds, the neat, pleasant, and comfortable wards, filled with the best appliances for ministering to the mind diseased, and the cheerful, well-cared for patients of that institution, confirmed in our minds its preëminently high character as a curative institution.

*Resolved*, That our thanks are also due to President Sears, of Brown University, to the President of the Rhode Island Historical Society, and to the Directors of the Athenæum, for invitations to visit those institutions, and for the courtesy and attention received during our visit.

*Resolved*, That to the Trustees and officers of the Providence Reform School, the Association would express the grati-



fication and deep interest inspired by their visit to that institution, and their appreciation of the useful and important work there accomplished in the reformation and elevation to usefulness of the unfortunate and neglected class of youth committed to their charge ; the neatness, order, industry, kindly discipline, and multiplied evidences of comfort on every hand, are ample proof of the vigor and wisdom of its administration.

*Resolved*, That to Alexander Duncan, Esq., of Providence, we would present our thanks for his polite and cordial hospitality on the occasion of our visit to his delightful grounds and elegant mansion ; and to Mayor Cranston and Dr. Dunn, of Newport, for their indefatigable efforts to entertain us, and exhibit to us the many objects of interest in their ancient town.

*Resolved*, That we would also express our thanks for the kindly manner in which we were received at the works of the American Screw Company, and for the attention shown us while passing through their interesting and instructive premises.

*Resolved*, That the proprietors of the City Hotel, by their careful attention to our comfort while in their house, and by placing at our disposal ample rooms for the session of the Association, are entitled to our cordial thanks.

The meeting adjourned *sine die*.

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DR. GEERDS, OF GREIFSWALD, ON THE ORIGIN  
OF PSYCHICAL DISEASES. TRANSLATED FROM THE  
ALLGEMEINE ZEITUNG FÜR PSYCHIATRIE, BY A. O. KEL-  
LOGG, M. D.

UP to the present time, men have been shy of attempting to interpret psychical processes upon physiological principles ; yet it does not seem inconsistent to explain the mental activity by its analogy to other nerve-phenomena. For all life-activities (*lebensthatigkeiten*) there is a structure in the central organ of the nervous system, which, as it were, stands bound to the peripheral parts of the body by guiding threads, partly

to receive impressions from the outer world, and partly to interpose in the functions and emotions of the parts impressed. For motion, sensation, and mental activity, as well as for the vegetative functions, anatomical provision has already been pointed out; there are groups of cells, which, receiving impressions through nerve-fibres, give forth their activities; distinctly formed cells have been found for individual functions (Schroeder von der Kolk :) not only the sensory are shown to be distinct from the motory by size and figure, but also, every sensory nerve has its particularly formed and regularly ordered ganglion-cells, from which it springs.

For the psychical functions, up to this time, we have not been able to find any distinctly marked anatomical paths. That such *exist*, however, we are forced to believe, and, indeed, it is not to be doubted, that the source of mental activity is in these, and that through them it is continually renewed and supplied.

Our knowledge of the minute structure of the brain extends to the roots of the sensory nerves. Why may we not be able to find in the remaining labyrinth of cells and connecting nerve-fibres, which are either directly or indirectly in connection with the granules of the sensory nerves, the *laboratory of thought*? Already individual nerve-fibres are pointed out (Schroeder von der Kolk,) running between groups of cells, and which absolutely excite the peculiar activities of these. Wherefore should there not be also such conductors of the will for the separate cell-groups, which may serve as an anatomical basis for this or that circle of conceptions? Whether such will ever be demonstrated is indeed a question, but to accept the fact of their existence is, no doubt, justifiable. We shall be able to determine the anatomical traces of thought, when we shall have been able to find cells specially formed for the production of conceptions. That these lay on the outer surface of the brain, we are led to conclude from the fact, that disturbance of the regular course of thought is the usual result of inflammation of the membranes of the brain, and, in mental diseases, the stratum of cells on the outer surface of the hemispheres, as well as the ventricles, has been found degenerated.



The nervous activity in the new-born first manifests itself in the vegetative functions, motion, and feeling. Then the nerves of sense take up impressions, yet all is dark and unarranged, and the motions are to be regarded as phenomena of reflex action. Through these unconscious perceptions, through the operation of the outer world upon the organism, through the constant change of what is received, and the springing up of functions, there is gradually developed a distinct state of feeling, which has been designated as self-consciousness, common feeling, (*gemeingefühl*.) Upon the fortunate or unfortunate procedure of these functions, hangs, most significantly, the dispositions of men, which by this dependence can be made very diversified. Indeed, from the manner, and according to the constant or changing development of these dispositions, the *temperaments* have been distinguished, which naturally are never the same in each individual man. With every self-conscious individual there is now formed, through physical dispositions, (desire and aversion,) and spiritual influences, (joy and sorrow,) a peculiar life-sensibility, (*gefühlslaben*,) which we are commonly accustomed to denote as mind, soul, (*gemuth*.) Impressions are imparted to the brain through the nerves of sense, which reflect the condition of the outer world. Through repetition of such impressions, there is also created, without the coöperation of the organs of sense, but through the central activity, conceptions, which are diversified according to the diversities of the mind. Next, the child has only sensual conceptions. With the further development of the central organs, a higher order of ideas is formed,—ideas formed from the organs of sense, and the comparison of these, one with another. Most material is furnished by the organ of vision. This gives the conceptions of size, space, color, etc. The sense of hearing gives those of tone, noise, stillness, etc., and so every sense furnishes its distinct abstract ideas, which, by comparison and coöperation, furnish the complex operation of thinking. The faculty to operate with such thought-material is called *intellect*, understanding, (*verstand*.) Now, as the child passes by degrees from simple reflex movements to absolute capacities of emotion, there is also developed, as

it were, out of the materials of conception, and under the influence of life-sensibility, (*gefühlslaben*,) an organism for thought, which, by suitable education, can be perfected to a marvellous degree of fineness. This thought-organism now constitutes the spiritual being (*wasin*) of the man, his *soul* (*seele*,) his *I*, set free by the first approaches of self-consciousness at birth.

Glancing back at what has now been said, it is clear that the mental activity fashions (*aufbaut*) the soul, and that the saying of Aristotle, "*nihil est in intellectu, quod non prius erat in sensu*," is undoubtedly true.

For an opposing or regulating force to the motory apparatus, there is a central function given, the will, which is also of influence in the excitation of pure central activity to the production of a succession of ideas; even as the will, by means of a single filament proceeding from the brain, can call into activity ganglion-groups in the spinal cord, with the complex periphery of muscular nerves proceeding from it, so, apparently, can it call into activity groups of ganglion-cells in the brain, and excite them to the production of conceptions.

The similarity between these ganglion-cells and those of the electrical organs of certain fish, justifies the assumption that there is also a force generated in them, which calls forth the life-phenomena of the organism. If this apparatus is similarly charged, perhaps the condition may be designated as central expansion.

The signal of such central expansion is given, commonly, through the influence of the will; a more dark, unconscious sign of the same is designated as *impulse*, and with more complex functions as *instinct*. In vegetative life this unconscious discharge is a rudimentary principle.

Diseases of motility, as well as of sensibility, arise partly through faulty burdening of the central apparatus, and partly through obstructions in the regulating or conducting power, and thus we see, on the one side, spasm and paralysis, and on the other, pain and diversified disturbances of feeling. A similar condition is, indeed, apparent in mental diseases.



The cause of all mental diseases can doubtless be traced back to faulty burdening, or faults in the conducting or directing power of the nervous apparatus.

That the condition of the cerebro-spinal and vegetative systems are often coöperative, is shown by the circumstance that their roots generally run so near in connection that they cannot well escape common influences. Thus, some mental diseases begin with disturbances of feeling. The impressions of the outer world are either unperceived or falsely perceptible. The patient feels his members useless, or as if made of glass, or of wood; in his bowels he feels a creeping thing, muscular and common feeling is changed, and mental disturbances arise. These changed conditions of feeling are wont to precede melancholia, which, indeed, may not inappropriately be designated as cerebral paræsthesia. The abnormal sensations are falsely interpreted. The patient mistakes himself. Feelings of displeasure press heavily upon him; his will does not re-act, and we perceive with the approaching evil complete abulie, *melancholia attonita*, and catalepsy arising. I believe that all these conditions, with perhaps a healthy state of the conducting powers, may be traced back to defective burdening of the central apparatus. Melancholia contrasts strongly in every point with mania. Here we have elevated consciousness, happy dispositions, irresistible and pressing conceptions, and muscular actions. The will no longer controls the impulsive explosion of the storms of emotion. In short, if the comparison will be allowed, a maniac gives the idea of a spark flying to a highly charged apparatus, lighting up, as it were, in it an involuntary discharge. Yet all these fluctuations of feeling, these anomalies of disposition, these pressing emotions, are not accustomed to continue long. The patient becomes composed, the effects disappear, he judges dispassionately, though often not less perversely, as to his condition. From this spiritual dejection (*gemuthskrankheit*) there results intellectual disease (*verstandeskrankheit*;) the secondary form is fashioned from the primary.

The melancholiac who has been driven to and fro by spiritual emotions, depends no more upon his former imagi-

nations, loses by degrees all remembrance of them, forsakes forever his odd fancies, all their rule over his conceptions is lost, his thoughts no longer turn to the significance of abnormal sensations, self-consciousness disappears more and more, the old *I* crumbles under the storm of changed feelings, and there now only remains a planless entanglement of various kinds of spontaneous, self-engendered conceptions, without cohesion, and wholly undirected by the powers of the will; and from the melancholiac results the madman (*verruecker*.)

With raving madness (*tobsuchtigen*) things are fashioned quite differently. With elevated self-consciousness he believes himself foreordained, immensely rich, king, pope, etc. All his conceptions stand in relation to this circle of ideas; his augmented feelings of power deceive him as to the truth of this. So by degrees the old *I* is lost in the background, and from these fresh and complex conceptions, a new *I* is fashioned. The raving (*tobsuchtigen*) becomes the deluded (*wahnsinnigen*) maniac.

If the mental disease ends in complete weakness of all the bodily and mental functions, we have the form of dementia (*Blodsinn*.)

The course of insanity, when accompanied with rapid extinction of all nervous activity, furnishes the form known as paralysis.

Let us now seek a physiological explanation of the conditions just described.

It is an old and recognized physiological position, that the influences of the outer world are only our own perceptions (sensations, *empfindungen*.) If now, with an incipient melancholiac, the intellectual centres perform their functions otherwise than they have been accustomed to—if he finds his limbs, or his intestines otherwise than what they have been—if he hears voices, or sees figures in the outer world which have no corresponding cause, he is led astray, and these come in contradiction with all his former experience. The explanation of these abnormal appearances falls upon another group of conceptions; the old will be neglected and a new series of cells set in motion, which the psychical



act of explanation of these abnormal appearances interposes. The fluctuation in the state of the feelings causes likewise certain cell-groups to be called into requisition in such rapid alternation that the circle of cells which corresponds to them is particularly liable to be impinged upon by every trifling psychical irritation, and, like what we see in the motor department in St. Vitus' dance, the circle of conceptions is spasmodically and involuntarily loaded, so that the patient can no longer direct an ordinary course of thought by means of the will, and the spontaneous discharge from the group of conceptions is more or less given up. So by degrees every thing which capacity and education has previously built up in him is lost. The old paths, with cell-groups for distinct trains of ideas, obedient to the mandates of the will, become forsaken, obliterated as it were, and the spontaneous but irregular functions take new ones, and their activity furnishes anew the whole contents of the man. So that in place of a regular train of thought, following the mandates of the will, there has arisen a dark, confused, spontaneous, self-engendered circle of conceptions.

If these new and faulty paths can once more be forsaken, and the authority of the will over the old group of conceptions be again established, then is the patient cured. On the other hand, if the old paths become impassable, an incurable madman is the image of this inner ideal disorder.

The equivalent of this in the motor department may perhaps be *paralysis agitans*.

If an incipient maniac, animated by feelings of the highest prosperity and inexhaustible power, is constrained to develope his might and accomplish great things, he soon becomes deluded as to his *personality*. The train of ideas which was accustomed to guide his old personalty is lost, and a new path is struck out, which permits him to appear as King, Pope, Christ, etc. All imagination is drawn about this circle of ideas, and as his former personality was the result of early education, so the frequent impinging upon a new group of conceptions begets in him a new personality.

If now, there occurs in the course of the time, a tranquil

rest to the heavy laden nervous apparatus, the group of cells which represents the old personality again comes into activity, and the patient is cured; but if these have now become impassable, then the complexity of cells which represents the new personality continue in function, and we have before us an incurable misconceited madman (*wahnsinnigen*,) who continually cultivates new and similar conceptions, that help to strengthen the new *I* (*Ich*.)

If, moreover, after the occurrence of irritation or inflammation, nothing transpires sufficient to arouse the cell-groups to renewed and healthy activity, and the patient becomes impassable, the power to form conceptions is either entirely lost, or becomes in the highest degree circumscribed. Commonly the cell-groups which correspond to the will are partially obliterated, so that ideal and emotional activity appear very imperfect. We have now before us the image of an imbecile (*blodsinnigen*—demented,) but one whose life, with sound vegetative activity, can long be preserved.

With a sudden breaking down of all cells affected by disease, we see the powers of emotion and conception rapidly vanish. This is the kind which usually suspends the nutritive changes in the peripheral organs, and precedes the rapid wasting away to speedy death. After conditions of exaltation, this is the usual end of the so much dreaded *paralysis*.

Now in conclusion, touching the development of the mental faculties in man, I believe that all the functions performed in the brain exist to this end, and only need education to be brought out. Even as the olivary, which may be regarded as an accessory ganglion of the hypoglossal granules, is far more remarkably developed in man than in animals, in whom the tongue performs very subordinate functions, even so we may suppose that with individual men, the granules of this or that sensory nerve, or the cells for this or that group of conceptions, may receive a correspondingly strong development. Education has now the task to discover the innate abundance or deficiency, and proceed according to this diagnosis to exercise more particularly the sparsely furnished cell-material, in comparison with that more abundantly bestowed,



in order to build up such a personality as may be developed from the material stock originally bestowed.

Every thing which excites the nervous system, or disturbs the circulation, furnishes a predisposition to mental disease. Whether this is brought about by psychical or mechanical causes, the effect is the same. It is by means of alterations in the preparation of the blood, and the irregularity of the nutritive changes in the brain-cells, that the anomalies of psychical functions are brought about.

That this is really the case, is shown by the transient condition of typhus, intoxication and narcotism, in which a transient insanity may be artificially engendered.

I will only remark, in conclusion, that those qualities of humanity, the divine nature of which can not be supposed to possess any inherent material, must remain comprehensively untouched by any physiological deductions.

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3. *Eighth Annual Report of the Trustees of the Massachusetts State Lunatic Hospital at Taunton.* For year ending September 30, 1861.
4. *Sixth Annual Report of the Trustees of the Massachusetts State Lunatic Hospital at Northampton.* For year ending September 30, 1861.
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6. *Nineteenth Annual Report of the Managers of the New York State Lunatic Asylum.* For year ending November 30, 1861.
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8. *Report of the Pennsylvania Hospital for the Insane.* For the year 1861.
9. *Annual Report of the Trustees and Superintendent of the State Lunatic Hospital of Pennsylvania.* For the year 1861.
10. *Forty-Fifth Annual Report of the Asylum for the Relief of Persons deprived of the Use of their Reason.* For year ending February 28, 1862.
11. *Nineteenth Annual Report of the Mount Hope Institution, near Baltimore, Md.* For the year 1861.

1. The most important fact in the history of the Maine Hospital for the past year, is the introduction of steam-heating and forced ventilation, in the best manner, and with gratifying success. Dr. Harlow refers to this improvement as follows :

“It was deemed impracticable to combine steam-heating with the old hot-water apparatus, and apply the fan-blower ; consequently, the old method of warming with hot-water circulation was discarded, and an entire new steam apparatus has been put up, sufficient to warm thoroughly all that part of the building occupied by patients, and a portion of the main house. The works embrace a one-story boiler-house, 50 by 30, and its appendages, situated over 100 feet north of the building—three tubular boilers, 14 by 4—forty-five thousand lineal feet of wrought iron steam-pipe, mostly of one-inch caliber—an engine of ten-horse power, and a centrifugal fan-blower twelve feet in diameter, capable of driving into the building forty thousand cubic feet of air per minute. A cold-air duct six feet square extends from the engine-room and fan in the boiler-house to the basement of the north wing, where it divides and a branch extends to the east end of this wing, while the main duct continues across the basement of the same, runs under the old north wing, passes out into the yard by the center building, then turns and goes under the old south to the new south wing, where it turns and runs the length of that to the east end of the same. From the top of the boiler-house the fan-blower takes the pure fresh air and drives



it the entire length of the duct, and into the warm air-chambers under each wing which lie contiguous to it, through openings at the base. From the warm air-chambers it passes rapidly into the various wards and rooms through the flues prepared for that purpose, thus keeping a current of warm fresh air passing constantly into all the wards at the same time.

“The apparatus was completed, and the steam let into the pipes, on the 22d of October, since when we have enjoyed all the benefits of this new method of warming and ventilating, and from the short experience we have had, we feel that it will meet the expectations of all concerned. There are now, save in the kitchen, no fires in the basement of the building, which gives us an immunity from accidents by this fearful element, never enjoyed before.”

It is thought by the Trustees, that the expense of fuel and labor will be greatly increased by this change, and that in order to bring the current expenses of the Hospital within its income, an addition must be made to the price of maintenance. This is now two dollars per week for the public patients—80 per cent. of the whole number—and two dollars and a half—the minimum charge—for the private class.

About sixty acres of land have been added to the farm of the hospital, since the date of the last report, and many other useful repairs and additions have been made.

135 patients were admitted during the year, 123 discharged, and 252 remained. 55 were discharged recovered, 25 improved, 16 unimproved, and 27 died.

2. The history of the Worcester Hospital for the year 1861, contains little worthy of note. The general results of treatment are very satisfactory. They are: Admitted, 251; discharged, recovered, 131, improved, 35, unimproved, 8, died, 30—total, 204; remaining, 379. We find the recoveries to be in the ratio of fifty-two and one-fifth per cent. of the admissions, or twenty-one and a half per cent. of the whole number treated. They are also stated to bear a proportion of “more than one hundred per cent. to the number of those whose insanity had existed for a period less than one year.”

3. Dr. Choate presents an interesting account of the operations of the Taunton Hospital for the past year. The number

of recoveries, as well as that of admissions, has been larger than ever before, and no untoward event has occurred to lessen the satisfaction given by the general results. These are as follows: Admitted, 251; discharged, 202; remaining, 411. 119 were discharged recovered; 11 improved; 12 unimproved, and 52 died.

Dr. Choate reiterates an opinion which he has stated in former reports, that no more than four hundred patients ought, at any time, to be within the walls of the hospital. In regard to this subject, he says:

“Two dangers, different in character, but both to be dreaded, attend the filling up of an institution of this character far beyond its original intention and design. The first is danger of accidents and casualties among its inmates. The second is the tendency to gradually deteriorate into a mere receptacle for the safe-keeping of its inmates. The first is to be combatted by renewed vigilance, increased devotion of care and attention, and a more rigid adherence to rule and discipline. That it has been thus met in this institution, our entire immunity from any unpleasant accidents of a serious character, while caring for seventy per cent. more patients than our accommodations were designed for, is sufficient evidence.”

Respecting the fitness for treatment of certain classes of patients sent to the Massachusetts hospitals, Dr. C. remarks:

“In view of the great and increasing pressure upon the State lunatic hospitals, the question arises, not devoid of interest, nor inappropriate to the present report, whether a class of patients are not sent to the hospital, who neither are likely to receive benefit from its medical treatment, nor are of such a character as to need its restraining influence and custodial care. A careful consideration of this matter has led me to the conclusion, that the cases are extremely rare, in which patients are unnecessarily or improperly or unwisely committed to the hospital.

“Occasionally a stray vagrant, who is destitute of friends, and perhaps, from want of knowledge of the language, is unable to make known his wants and feelings and condition, is sent to a lunatic asylum, when he might with equal benefit to himself, and with economy to the community and advantage to the hospitals, be committed to some receptacle for the poor. But with persons having friends and a home, whether



rich or poor, there is greater danger of their being retained at home so long, that medical treatment will have no avail, than there is, that they will be brought before a necessity actually exists."

There cannot be too much of argument or advice in behalf of early removal from home, and special treatment, in insanity. But the question, whether with equal benefit to themselves, and with economy to the public, and advantage to the hospitals, a large class of hopelessly demented patients may not properly be maintained elsewhere than as at present, must be answered in the light of a wise expediency, and not in that of an impracticable optimism. The enormous debt with which the resources of this country will henceforth be burdened, must, we fear, have the effect greatly to embarrass the working of our public charities, under the wisest possible administration. We can only hope that this great and sudden change, from a state of almost superfluous wealth to the present sad condition of public affairs, may be so met as to save our noble system of charities—among other things of priceless value—from serious harm.

4. The statistics of the hospital at Northampton, for the fiscal year, 1861, are as follows: Admitted, 122; discharged, 105; remaining, 332.

This hospital is progressing slowly in the path of alteration and improvement, which seems to be the inevitable lot of new institutions. That its inmates have, in a great part, been the chronic cases of the older hospitals, we suppose accounts for the fact, that the condition of those discharged is not given in the report. Dr. Prince does not refer to any topic of general interest to the profession.

5. In his present report, Dr. Ray comments upon American law, in its relations to the person and property of the insane. He first alludes to the remarkable progress, by which, during the past century, laws and their administration have become more enlightened and humane. A man is now seldom hanged who is pronounced, by competent authority, to be insane. If a jury, under the dominion of unusual stupidity, or prejudice, or foreign influence, convict him, there is good sense

enough in the community to prevent the execution of the law. If caught in the toils of artful men, who have taken advantage of his infirmity to draw him into ruinous transactions, the law will give him all the protection he can reasonably claim. Notwithstanding the advance thus indicated, it is none the less true that many of our laws and legal practices respecting the insane, do not correctly reflect the present state of our knowledge concerning their disease. The disposal of persons who have been tried for crime, and acquitted on the ground of insanity, is differently provided for in different countries, and in different States of our own country. Under the common law, persons thus acquitted were immediately set at liberty, and it is within a comparatively recent period that this course was prevented or modified by direct legislation. But no provision has yet satisfactorily met all the requirements of the case. The difficulty consists in reconciling the public safety with private welfare, which can only be accomplished imperfectly at best by human wisdom.

Dr. Ray makes three classes of the persons who are the subject of his remarks. First, those who at the time of trial are supposed to have recovered from their insanity ; second, those who have had previous attacks, and will probably again relapse ; and third, those who remain insane at the trial, with more or less probability of recovery. In England, and in some of our own States, the law provides that persons acquitted in a criminal suit on the ground of insanity, shall be committed to some place of confinement. They may be sane, but the verdict establishes nothing as to the present condition of the prisoner, and he is thus liable to perpetual confinement. In England he is thus confined, and it is easy to see that great injustice may sometimes be done. In this country, the courts are ready to grant the writ of *habeas corpus* in these cases, and on proof of recovery the person is discharged. But no doubt the law ought to be so modified that no one who is in full possession of his senses, guiltless of crime, and free from any decided tendency to mental disorder, should be deprived of personal liberty. The various considerations which bear upon this nice point of legal rule and practice, are brought



forward with that ability and learning which mark all the writings of Dr. Ray.

In regard to the second class of these persons, no doubt their unconditional liberation should not be allowed. Perhaps certain cases of this, and similar ones of the first class, might be enlarged, on the friends becoming responsible to the public for their good behavior. It can scarcely be questioned that for subjects of the third class, where the criminal offence is of the highest grade, perpetual confinement should be the rule.

Incidental to the question of confinement, is that of the place in which it shall be effected. And here Dr. Ray takes occasion to illustrate the unfitness of jails and prisons on the one hand, and of hospitals for the insane on the other, for this purpose. In States which have a sufficient number of this class to warrant such an establishment, a separate asylum, like that recently opened for the criminal insane in this State, is recommended. In the lesser States, it is thought that the appointment of a Commission by the Judicial or Executive authority, with power to select and place in a hospital with the non-criminal insane such of the criminal class as might be properly so disposed of, would be the best possible course.

We conclude this abstract of Dr. Ray's views on the general subject of his essay, with the modifications of legal rules which he recommends :

“It now remains for us to indicate, in conformity with the above views, the provisions that ought to be embodied in a legislative act respecting the disposal of persons who have been acquitted, in a criminal suit, on the plea of insanity. They are as follows :

“The ground of the acquittal being stated by the jury, the court shall commit the prisoner to the prison or county jail.

“Whenever the liberation of such person shall be claimed on the ground of recovery, the court shall appoint a commission to make inquiry into this fact; and if satisfied by their report that recovery has taken place, the court shall order his discharge.

“If the person thus recovered shall have had a previous

attack, he shall be discharged, on condition that his friends recognize in a suitable obligation for his good behavior.

“If at any time the court shall be satisfied by the report of a commission appointed for the purpose, that the person, though still insane, has become harmless in consequence of some change in the form of his insanity, or the occurrence of bodily infirmity, it shall consign him to the custody of his friends on the same terms as the last mentioned.

“If in the opinion of the court at the time of trial, or at any subsequent period, the person’s recovery would be promoted by being confined in a hospital for the insane, rather than the jail, and no important point compromised thereby, it shall signify this opinion to the Governor, who shall be authorized to carry it into execution.

“Thus, all possible exigencies are provided for, not, however, without leaving much to the discretion of the court. This is unavoidable, and in no better hands can such discretion be left than the judicial.”

The yearly statistics are as follows : Admitted 53, discharged 45, remaining 135. Of those discharged, 22 were recovered, 5 improved, 4 unimproved, and 14 had died.

6. Dr. Gray reports 532 patients under treatment in the New York State Asylum, and that 295 patients had been admitted, and 280 discharged, during the year. Of the latter number, 83 had recovered, 58 were improved, 108 unimproved, and 31 died. The following particulars of those admitted are interesting:

“Of the 295 admitted, 86 were insane more than a year before admission; 11 were epileptics, and 9 were suffering from paralysis. Of the 295 admitted, 39 were re-admissions. Of these, 31 were received for the second, 3 for the third, 4 for the fourth, and 1 for the fifth time.

“Forty-six were strongly marked suicidal cases, most of whom had attempted self-destruction before admission; 14 others were homicidal, and 4 suicidal and homicidal.

“One man and two women received were, after observation, found not to be insane, but cases of confirmed inebriety.

“Two of these cases were sent by the public authorities, and one by friends, and all under medical certificates of insanity. We continued to receive frequent applications for the treatment of persons of intemperate habits, but while



unable to accommodate the insane, we must refuse admission to this class."

The most notable incident in the history of this institution for the year, is the transfer of the male insane convicts from it to the asylum at Auburn. Dr. Gray remarks upon this subject as follows:

"In April, the sixteen male convicts, who for several years past had been confined in this institution, were removed to the asylum at Auburn, erected and organized for that class of the insane. The establishment of an institution for the treatment and safe custody of the criminal classes has been acknowledged to be a necessity in this State for some years. It was impossible to preserve discipline in the prisons, and commingle the insane with the convicts at labor; and clearly, it was wrong to confine the insane day and night in cells. To send them here was a great wrong to the afflicted, and an injustice to society. The idea of treating convicts with the ordinary insane could not be justified as a matter of expediency, or of sympathy with the criminal. The State has inaugurated a progressive step, in the erection of a special institution for insane convicts—the first in the United States—and the precedent now established will, we trust, become a settled policy, and finally embrace the exclusion of all classes of 'criminal insane' from the ordinary asylums, and secure their treatment in separate institutions, or in wards adjoining and connected with the hospital department of the prisons, and under the care of the prison or other competent physicians. England has a central criminal institution for this class, and in Canada a 'Lunatic Jail' capable of accommodating 300 persons is in course of erection at Kingston. While the State is not first in the movement, she is nevertheless keeping pace with the highest civilization of the age, and laying a broad and comprehensive foundation for a just classification in her public institutions, charitable and reformatory."

7. Dr. Buttolph is able to record the near approach to completion of an improvement which he had recommended in his last previous report. The center-building of the asylum has been enlarged by the erection of a very substantial stone-structure, forty by sixty-five feet in size, with a half-octagon projection in front. It is three stories in height, with cellar. The lower story will be used for additional cooking and store-

rooms, the second for receiving rooms, offices and bed-rooms, and the upper for a chapel. The latter has been decorated in fresco, furnished with permanent, cane-bottomed seats, and with enameled glass windows, and lighted with gas from two points at the ceiling, by the aid of double reflectors. On the subject of religious exercises for the insane, Dr. B. remarks :

“On the general subject of the utility of judiciously conducted religious exercises in institutions for the insane, there can scarcely be a difference of opinion among those who have carefully observed their influence. This truth is more fully established also, when the bearing of the moral and religious sentiments or feelings on the other faculties of the mind is correctly estimated, and this to a greater extent, even, in some cases of mental disorder, than in health.

“That the healthy balance of mind is not unfrequently disturbed by the irregular and excessive exercise of religious with other feelings is quite true, but this should no more be regarded as an objection to their natural and legitimate exercise than should the effect of the abusive use of any physical agent on the bodily health. The important point to gain in the use of moral and religious, as of all mental and physical agencies used, is to restore, if possible, the lost balance in the faculties of the mind ; or, if this be impossible, to place the individual in such circumstances as to favor the greatest enjoyment in his broken and disordered state. The calamity to an individual of a state of permanent mental disorder is so great as fairly to entitle the sufferer to all the aid that can be furnished by the most enlightened action and sympathy of his fellow men.

“With these principles and sentiments in view, we recommend and urge attention to such architectural arrangements and religious exercises in institutions of this kind as are adapted to call forth and strengthen the moral and religious feelings, believing that if successfully done, these, like other mental agencies, will prove highly salutary.”

The yearly statistics are : Admissions 148, discharges 154, remaining 334. There were discharged recovered 75, improved 54, unimproved 2, died 23.

8. The Pennsylvania Hospital for the Insane now comprises two buildings, one for each sex, each with accommodations



for sixteen distinct classes of patients, and surrounded with extensive pleasure-grounds and gardens.

“It may fairly be regarded as providential,” says Dr. Kirkbride, “that the two great objects to which allusion has been made—the erection of the new building and the complete renovation of the other—were undertaken and completed just when they were. Great as must have been the necessity for the work which has been so thoroughly done, we should hardly have had the courage or the faith to have commenced it at any time since it was finished; and it is to be feared that a very considerable period may yet elapse, before our community will feel willing to enter upon any new benevolent undertaking sure to require such large expenditures.”

Dr. K. writes, as usual, a very elaborate and interesting report. His remarks on Hospital Economy, and on Patients' Companions and Attendants, are especially worthy of notice. We are obliged, however, from want of space, to refrain from copying any portion of them.

182 patients have been admitted, and 201 discharged, during the year, and 255 remained under treatment. 92 of the discharged had recovered, 48 were improved, 32 unimproved, and 29 died.

9. The Hospital at Harrisburg, situated upon the line of march to the Potomac of a large part of the Union armies, and in the vicinity of an extensive camp, has been called upon to perform new and unexpected duties, during the past year. Dr. Curwen says:

“To the officers and all employed in the Hospital, it has been a source of sincere gratification to have been able to have contributed, even in a slight degree, to the comfort and gratification of those who had been summoned to the defence of their country.

“From the very commencement of the National troubles, every appliance of the Hospital which could be of service has been freely placed at their disposal. During the spring and summer, thousands of pounds of beef and ham were cooked and hundreds of gallons of coffee were made for those who were pushing onward to Washington, or who were

returning ; whatever articles could be made for the sick were prepared whenever they were desired ; during the fall and winter, thus far, all from the camp who desired it have had the opportunity of bathing and of using the appliances of the laundry, and to none have we denied the privilege of becoming acquainted with the arrangements of the Hospital.

“ While thus affording to those of our State every facility they desired, we have not been unmindful of the obligations of citizenship in ministering to those of other States, Ohio, Michigan, Wisconsin and Minnesota, who, by the necessities of their position, required such assistance as it was in our power to afford.”

For the first time since the opening of the Hospital, it has been necessary to return a number of incurable patients to the care of the counties whence they had been received. Dr. Curwen makes this the occasion of presenting anew the usual arguments for increased accommodations for the insane, “ so that every one laboring under such an affliction, within the bounds of the Commonwealth, can be able to partake of the advantages, which, at this time can be given but to a portion of this class of sufferers.” Against an appeal so purely philanthropic in its motives as that of Dr. Curwen, it seems almost ungracious, even in behalf of sober truths of political economy, to hint that the stock reasoning upon this subject in our reports is possibly not of a kind to stand the test of logical rules. But this task need not be devolved upon any one. Let us acknowledge that hereafter in the history of this nation—if indeed we can confidently anticipate a history for our distracted and debt-burdened country—public hospitals of palatial size and costly administration, for the demented and chronic insane, are out of the question. And he will be most deserving of honor who shall first demonstrate how, in local and simple buildings, to combine a proper care with some provision for useful labor, in the decent and humane support of this class.

The yearly statistics are : Admissions 134, discharges 145, remaining 280. Of those discharged, 30 had recovered, 50 were improved, 49 unimproved, and 16 died.



10. Dr. Worthington's report of the Friends' Asylum is, as usual, one of the most interesting and excellent of its kind. In conception and finish it is no less creditable to him as a writer, than in its matter it is worthy of his high position as a physician and Superintendent of an Asylum. It is not his custom, however, to introduce the discussion of medical and scientific subjects into his annual reports, and there is little that we are called upon to transfer to our pages. The history of the Friends' Asylum for the past year is without any incident of extraordinary interest. During forty-five years, under the faithful and prudent management with which it has been favored, it has kept the same even tenor of successful operation.

The general statistics are as follows: Admitted 15, discharged 14, remaining 62. Of those discharged, 6 had recovered, 1 was improved, 3 were unimproved, and 4 died.

11. The report of the Mount Hope Institution for the year 1860 was not received by us, and therefore was not noticed as usual.

Work on the new institution, a section of which had just been opened to patients at the close of 1859, is still in progress, and the center-building is now nearly completed.

We are without information as to the progress of the projected State Hospital, and the Sheppard Asylum.

Dr. Stokes' statistical tables are certainly the most curious arrangement of figures that we have met with; and the matter of the results attempted to be displayed is not less peculiar than their manner. In the first table, "Showing the number of insane admitted" during the year 1861, we have first, "Whole number of patients, 343;" which number we are presently led to believe represents the total of patients treated during the year, including 35 cases of *mania a potu*, considered to be not insane. In another table "Showing the form of disease under which the insane patients labored," 35 cases of *mania a potu* are set down. There are also 21 cases of oinomania, and 9 of moral insanity. "The one distinguishing (!) feature of the disease" in the former, is stated to

be a "continual craving for, and excessive use of, intoxicating liquors." What is meant by the moral insanity which the nine cases illustrate, the following extract may possibly show :

"There are in fact, as many forms of moral insanity as there are feelings and passions. These may be in excess—that is to say, in a state of excitement—without disturbance of the purely intellectual part of our mental constitution. They may be also in abeyance, producing melancholy more or less intense, still without mental aberration. Excess or deficiency of the feelings and passions may, with as much propriety, be regarded as morbid, as excess or deficiency in any of the ordinary functions of the body would, without question, be referred to disease. The fact that a particular form of this malady does occasionally lead to the commission of crime, and is naturally urged in extenuation of it, has created doubts of its existence as a disordered condition, and induced many to believe that it is simply a disregard of self-control, or a deliberate indulgence in vicious passions: but assuredly the frail nature of human reason predisposes all his faculties and functions to morbid action, and excess of joy or grief (both in themselves natural) are as much entitled to be considered disease, when characterized by irrational conduct, as any other departure from the healthy performance of the brain's functions."

The yearly statistics are: Admitted 121, discharged 111, remaining 197. Of those discharged, 42 had recovered, 39 were improved, 16 were unimproved, and 14 died.

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*Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin, herausgegeben von Deutschlands Irrenärzten, unter der Mit-Redaction von DAMEROW, FLEMMING, ROLLER durch HEINRICH LAEHR. Achtzehnter Band. Berlin, 1861.*

*Journal of Psychiatry and Psychio-Legal Medicine, etc. Vol. XVIII. Berlin, 1861.*

The following notice of the contents of the volume for 1861, of the leading German psychological journal, will, no doubt, prove interesting to our readers :



“On the Influence of the Imitative Impulse on the Spread of Sporadic Insanity. By Dr. Finkelnburg.”

The author of this paper, after some remarks upon the history and literature of the subject, the power of example, etc., proceeds to give twelve illustrative cases. We can only furnish an abridged translation of a few of these, and some of the conclusions based upon them.

T. S., aged 54, of healthy parentage, after the cessation of the catamenia, became afflicted with religious melancholy and depression at the neglect of her sacred duties, and fears of starvation as the punishment for her sins. The heavy care of her at home, in this state, fell upon a daughter aged nineteen, and an unmarried sister. These, particularly the former, an exemplary and intelligent maid, undertook the duty with great zeal, and sought diligently to combat the delusions. But to her terror, in the winter of '54-'55, she observed that the same melancholic feelings and imaginings she had so zealously combatted, were gaining power over herself, accompanied with attacks of anguish. At the same time menstruation, which had been two years established, ceased, and a feeling of icy coldness spread over her extremities. At the same time, the aunt, who, like the daughter, had previously shown no signs of mental disturbance, became afflicted, and it was necessary to separate the three. Mother and daughter were placed at Siegburg, in August, 1855, and both left cured; the mother on the 12th of January, and the daughter on the 29th of March following. The aunt likewise recovered in a private institution.

A brother and sister, aged respectively 24 and 27, of healthy parentage. The brother was of good constitution, formerly given to onanism, but sound up to the date of the attack. The sister suffered, in her fifteenth year, from some indistinct form of nervous fever, accompanied by otorrhœa and osseous tumors. On the 16th of March, eleven days before admission, she was much vexed by a matrimonial disappointment, and by being calumniated by her lover, and immediately became afflicted with *melancholia agitans*. Her wildness made a deep impression upon her brother, who was much attached to

her, and who from this time remained constantly with her, and was unwearied in his efforts to console her.

About the 21st of the same month, he became greatly depressed, and on the following day his conduct was wild, and on admission into the asylum, *his condition appeared to correspond completely with that of his sister*. The course of the disease in the two was different. The sister continued for ten months in a state of melancholic madness. The brother returned home after a short time, and was industrious and intelligent, but quiet and unsociable.

L. B., aged 48, was attacked, after long premonition, with *dementia paralytica*, maintained that he had great claims on the State for indemnification, great inheritances in prospect, &c. In a short time, his excessive delusions were participated by his wife, aged 49 years, of strong constitution, and menstruating regularly up to the time.

They sold their furniture at a sacrifice, and made expensive journeys to acquaintances in the province, until their conduct rendered disease so apparent that they were brought to the hospital at Cologne. Frau B., during the time she was at the hospital, was much agitated, laughing, singing, dancing, &c. She claimed every thing as her own, and gave her food to other patients. On the 20th of June, the pair were brought to Siegburg, where the disease of the husband ran its course, and he was discharged as incurable on the 25th of October. The wife remained for several months, in a state of general mental obtuseness, and left cured.

N. S., of healthy family, was attacked in 1853, with mental disturbances and religious misconceptions, after long attendance upon a certain preacher. He remained for three years most of the time in bed, praying, and was attended assiduously by his sister, a young girl in whom puberty was just being developed.

Formerly a bright and lively child, she suffered, in the autumn of 1855, the first attack of spiritual depression. In July, 1856, she suffered from a paroxysm of mania, and was taken to an asylum, and remained six or seven months, suffering irregular attacks of excitement and depression.



During these attacks, the catamenia appeared; at first only slightly and irregularly.

Under the use of cold baths, emmenagogues and iron, the patient was discharged cured. *She recognized the continued impression of her brother's disease as the cause of her own.* The latter was removed to the asylum in March, 1857, from which he ran away, and was found drowned in the Sieg.

W. B., aged 28, suffered a fit of epilepsy in his 19th year. (A younger brother was also thus afflicted.) Since this he has been healthy. There was no insanity in the family, till March, 1859, when a younger sister of B. became maniacal immediately after giving birth to an illegitimate child. B. took the most lively interest in the fate of his sister, watched and took care of her cheerfully, and sought to work upon her mind by prayer and the reading of religious works. *The continuous sight of the patient*, (as he afterwards said, during a lucid interval,) finally made himself sick, and his increasing nervous irritation passed, in the beginning of May, into mania, with religious misconceptions and hallucinations. After the 31st of May, he had frequent lucid intervals of fourteen days' duration. The last, in January, 1860, was followed by a continuous and deep stupor. He improved under an exclusive milk diet, and applications to the scalp.

In considering the etiological circumstances of the cases brought together in this connection, we have:

1. Hereditary predisposition to mental disease in two only, and to severe diseases of the nervous system in the whole (12.)

2. The influence of physical disease upon the mental disturbances, we perceive in four of the reported cases.

3. Physiological conditions which had a certain relation to the springing up of insanity, in two cases.

4. In two cases we perceive chiefly the operation of psychical causes, loss of property, unhappy marriage, etc.

Among the cases here brought forward, it will be observed, that only in *two* could any hereditary predisposition to insanity be traced, and only *one* in which epilepsy existed in the family; while in all the cases, taken collectively, which have been

received at Siegburg, during the last three years, in fully *one-half* was the hereditary predisposition traced.

One important lesson impressively taught by these cases is, the great impropriety of confiding the care of the insane to *any* inexperienced persons, more particularly friends and relatives.

“On the Origin of Psychical Diseases. By Dr. Geerds, of Greifswald.”

Dr. Kellogg has furnished a translation of this curious and interesting paper, so characteristic of the speculative and metaphysical tendencies of the German mind, for the present number of the JOURNAL OF INSANITY.

“Upon Enlargement of the Ear in the Insane. By Dr. Jung, of Lubus.”

The paper combats the views of Dr. Gudden, advanced in a former number of the journal under notice, that this affection is induced by the abuse of unfit attendants, and enters somewhat extensively into the supposed pathological causes of this singular affection of the insane.

“Case of *Cysticercus Cellulosæ* of the Brain. By Dr. Snell, of Heldesheim.”

This is a very interesting case, fully reported, but our space will not allow us to make a translation.

Under the head of “Literature,” we have

1. Review of the Contents of the AMERICAN JOURNAL OF INSANITY, for 1859, by Dr. W. Jessen, whose treatise on Pyromania has been noticed *in extenso*, in former numbers of this Journal.

2. Notice of Dr. F. V. Zillner’s work upon Idiocy and Juvenile Imbecility.

3. Notice of Meyer on Epithelial Granulations of the Arachnoid.

4. Notice of W. Schuberg on Hæmatoma of the Dura Mater in the Growing; in Virchow’s Archives, Vol. XVI., parts 5 and 6.



## PART II.

“Upon the Impulse and the Will. By Dr. Brosius.”

“The Muscles and Features of the Human Countenance in general, and more particularly of the Eyes: An attempt to consider Mimic and Physiognomic, as founded upon Scientific Principles. By Dr. Th. Piderit, Valparaiso, S. A.”

A long article, in which the use and significance of each individual muscle of the human countenance and eyes is carefully considered; containing nothing that we can discover which is new, or that has not been as well said before, and of more importance to the physiognomist than the psychologist.

Of the 123 pages which go to make up this number of the Journal, 100 are taken up by the two papers referred to.

Under the head of “Literature,” we have

1. A Review of the Treatise of Dr. W. Krause, on the Terminal Corpuscles of the Simple Sensory Nerves.

2. Anatomical Researches, an Appendix to the same.

3. Researches on the intellectual life of the New-Born. Inauguration Essay. By Adolph Kussmaul.

4. A Review of Fornmuller's Treatise on the Indian Hemp, particularly in respect to its Soporific qualities: A treatise based upon 1,000 clinical observations.

The reviewer, Dr. Reimer, remarks: “The author attributes the neglect into which the remedy has fallen at present, partly to the contradictory statements of writers as to its physiological operations, and partly to the fact that in the East it contains an important narcotic resin, rendering its operation far more powerful than in Europe, where the dose must be from 20 to 40 times as great to produce the same effect. The chemical analysis of the hemp is, therefore, incomplete. The chief source of its efficiency is a peculiar resin, (*cannabin.*)

The preparations recommended are the extract and tinct. *Cannabis Indici*, on account of the greater uniformity of operation. The primary physiological operations of the drug are, according to the author's own observations, slight gastric

disturbance, disturbance of vision, delirium with serenity but changing into dimness of space, upon which follows torpor and sleep.\* Of the forms of disease, to which, according to the author, the hemp is applicable, we have, 1. Cataleptic convulsions, and trismus. 2. The delirium of drunkenness; in many cases of this, the author found good results. 3. In epilepsy; no beneficial results. 4. Melancholia; in this the hemp has been used by Moreau, Clendening, Conolly and Gray. The accounts given of its results are various. Solbrig, (*Zeitschrift*, vol. 8, page 62,) speaks in favor of it; Sutherland against it. Gray (*Journal of Insanity*, 1859,) gives preference to opium. According to his own experience, the author pronounces the hemp an anodyne and anti-spasmodic, and its chief use as a remedy rests upon its hypnotic operation.

Under the "Miscellaneous," we have

1. A notice of the enlarged ear in the insane, based upon the observation of fourteen cases, by Dr. Leubuscher. Dr. L. notices the previous papers of Drs. Gudden and Jung, already glanced at, disagrees with the former as to the traumatic origin of the affection, and assigns constitutional causes affecting the nerves and blood-vessels of the ear, as influencing this "complex symptom of blood extravasation in the cartilages of the ear."

In the transactions of the Berlin Medical Society, Dr. Leubuscher, in speaking of the nervous diseases which result from syphilis, referred to *hypochondria syphilitica* as the most frequent of these.

In a case of complicated mania, the patient suffered from chancre, three years previously. The *post-mortem* showed apoplectic traces in the brain. In one case, ozena and pain in the forehead were present, and were followed by acute delirium. On the whole, mental disease is seldom the result of syphilis.

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\*This corresponds, it will be observed, with the account given by Bayard Taylor, in his description of the operation of the drug upon himself. See "Land of the Saracens."



## PARTS III, AND IV.

“On Constitutional Syphilis of the Brain. By Dr. Ludwig Meyer, of Hamburg.”

In this paper, the author, after some preliminary observations upon the disease, proceeds to give full details of eight or ten cases, in which the skull, brain and membranes were affected by constitutional syphilis, accompanied by various forms and grades of intellectual disturbance. The symptoms and progress of the disease are very fully and carefully reported, and the *post-mortem* appearances of the various organs of the body, more particularly of the brain and its coverings, are minutely noted down, even to the microscopic appearances in some instances. The paper is accompanied by a lithographic plate, representing some of the diseased structures referred to. We regret that our space prevents a more copious notice of this interesting and carefully prepared paper, but we have marked it for translation for this Journal.

“A Contribution to the Question respecting Insane Colonies. By Dr. Theobald Guntz.”

The author of this paper gives the impressions made upon his mind by a visit to the celebrated insane colony at Gheel, in 1853.

Since the period of the author's visit, we believe, much improvement has been made in the condition of the insane in Belgium, and if we are to judge by the observations detailed by the writer, there was, at that time, great need for the same. The writer enters somewhat at length into the discussion of the impracticability of the care, much less the successful treatment, of all classes and sexes of the insane in colonies like that at Gheel.

“On the Pathologico-Anatomical Changes presented in Diseases characterized by Psychological Disturbances. By Dr. Geerds, of Greifswald.”

In this paper the author seeks to collect the results of pathological investigation, in the elucidation of psychical diseases, and also to glance at what future investigations promise in this department of medical science.

He first takes a view of the changes in the brain and its coverings in, 1st, the acute, and 2d, in the chronic forms of insanity. In the third division of his subject, he treats of general paralysis, blood anomalies, hæmatoma of the ear, etc. In the next division of his subject, the author considers the relative connection of phthisis and insanity. The writer maintains that certain psychical and physical conditions incident to insanity strongly predispose to tubercularization of the lungs. Among them are enumerated

1. Psychical disturbance affecting respiration in all affections of a depressive character, (sorrow, anguish, terror, etc.)

2. Disturbance of the nutritive process, as for example, in sitophobic melancholy.

3. The unhealthy condition of the atmosphere they are called upon to respire, when confined in imperfectly ventilated prisons and institutions.

The relative frequency of gangrene of the lungs in the insane and sane, according to the statistics of Fischel, is as follows: *Post-mortems* of the insane furnish 7.4 per cent.; of the sane, 1.6 per cent.

In the next division of his subject, the author treats of heart affections. The frequency of heart affections among the insane has been established by numerous observations. Bonet, Greding, Marshal, Lieutaud, Sommering, Baillie, Springel, Kreisig, Corvisart, and others, have observed these affections so frequently, not only in the insane and suicidal, but also in criminals, as to lead them to infer that some influence must have been exerted upon their psychical condition. Webster found heart affections in one-eighth of his *post-mortems*, Bayle in one-fifth, Calmeil and Thore in one-third, and Foville in even as many as four-fifths.

In the two remaining divisions of this interesting paper, the author treats of the influence of the digestive and sexual organs upon the psychical functions.

“Superior Opinion touching the Mental Condition of the Laboring Man Carl Eisfeld, arrested for personal offence offered to Majesty. Reported by Dr. Behr, of Bernburg.”

An ordinary case, and interesting chiefly in a psychio-legal



point of view. The court-physician had declared Einfeld completely accountable. Subsequently he was pronounced insane by another physician, and dangerous to the community. This latter opinion was confirmed, and Einfeld was placed in an asylum. The case appears to have been thoroughly and ably investigated, and the report occupies thirty pages of the Journal.

“The Insanity of George the Third. By Dr. Ray, of the Butler Hospital, Providence, Rhode Island, U. S.”

A full translation of this able paper, which first appeared in the Journal of Insanity, for July, 1855, and subsequently in Forbes Winslow's, and many of the leading medical and psychological journals. “It is here given,” says the editor, “on account of its great learning and deep historical, political and psychical interest.”

“The Temperature of the Outer Surface, particularly of the Head, in the Insane. By Prof. J. F. H. Albers.”

Under the head of “Literature,” we have

1. A long review of Dr. Dahl's Contributions to the Knowledge of Insanity in Norway.

2. A review of the monograph of Dr. E. Salomon on Suicide. We have been favored with a copy of this treatise, and hope to furnish an epitome of its contents upon a future occasion.

3. A lengthy synopsis of the contents of *The Journal of Psychological Medicine and Mental Pathology*, edited by Forbes Winslow, for 1859.

The remainder of this number of the *Allgemeine Zeitschrift* is devoted chiefly to the reports of several German asylums, and their accompanying statistical tables. To do justice to this portion of the Journal would require more space than is at present at our command.

## SUMMARY.

THE FREQUENCY OF RELAPSE IN INSANITY : WHENCE DOES IT ARISE?—To so much that is yet mysterious to us in insanity—for every thing that we meet unexplained and uncontrolled appears mysterious—must also be added the frequency of its relapses, so much and so justly lamented. The notice of it has no doubt often cooled the ardor of the physician and the philanthropist. But still it would be going too far to consider this tendency to recurrence a peculiarity of mental disorders only. For a number of other diseases, even of the inflammatory and febrile, which are marked by their perfect crises, and on account of their rapid course appear least liable to leave behind them in the organism a diseased predisposition, have this tendency to attack the same individual repeatedly, and the more readily in proportion as they have already frequently recurred ; and we have no hesitation in attributing this disposition in part to a remaining weakness in the organ more particularly affected, and also to the continued activity of the same external causes of disease. This remark applies to croup, pneumonia, pleurisy, erysipelas, many glandular inflammations, and intermittent fever. Still, it must be admitted that mental disorders are particularly liable to such relapses. This fact has been acknowledged by each of the scientific schools which have sprung up on account of their differing views on the nature of these diseases, and both has claimed it in support of their own system. The somatics find in each relapse evidence that where the bodily disease, as the foundation of the insanity, is not thoroughly understood and radically cured, the mental restoration is only apparent, and rests on a deception. Every recurrence of insanity, on the other hand, has proved to the psychics the difficulty as well as the necessity of a thorough change of character, of principles and of inclinations. The party, again, occupying the middle ground between the two, has been confirmed in its convictions by every such recurrence of disease cured exclusively by moral or medical means, that a cure which does not take hold of the entire system, both bodily and mental, and favorably alter it, is incomplete. To the last two views, and the inferences drawn therefrom, I shall recur again, and would here only remark, that I have never observed a change of character from what it was before the sickness, but always



only as it had exhibited itself during the disease; even when the cure was of the most satisfactory duration. If, however, on the other hand, the somatics find ground from the frequency of such relapses of insisting upon the thorough removal of the bodily disorders that lie at the foundation of chronic delusions, and if they consider each relapse as the consequence of neglecting this rule, it can not be denied that in innumerable instances its most careful observance has not prevented the awkward experience which has brought upon the physician the charge of too hastily stopping the treatment, even when the most complete success had apparently crowned the effort. Mental disorders whose physical causes have been best understood, and treated with the most satisfactory results, so that all the signs of mental and bodily health have conspired to prove a thorough restoration, reappear with their former violence after a longer or shorter period of complete health. So that even on these grounds of the somatics themselves, it would appear deceptive, or at least a piece of temerity, to pronounce any insane patient cured. We come now to the question, Why do these facts occur so often?

One of our former investigations on the existence of a form of insanity from primary cerebral irritation has, I think, established that in a large number of mental disorders the sensorium is affected only secondarily through sympathy. If we take a general view of the psychical diseases which lie at the foundation of secondary mental disorders, it will be seen that they belong almost wholly to that class of pathological conditions which most readily incorporate themselves with the constitution, or become habitual; partly because they often arise from a predisposition deeply seated in the organization, partly because they alter the vital force in its three principal elements or directions; irritation, sensibility and nutrition. They are such conditions as have been variously denominated by authors, abdominal plethora; venous congestion; then as a derangement or stagnation in the portal system; an irregularity in the circulation of all the abdominal vessels, etc. Those who accept Schoenlin's view of the identity of hæmorrhoids and gout, will have no difficulty in increasing his family of diseases to three, by adding the secondary mental disorders. If we admit, with him, that the elimination of the same morbid product may produce gout or hæmorrhoids, according as it takes place through the arteries or the veins, then it may be more than mere conjecture to suppose that in insanity the morbid process failing to establish itself either in the arterial or venous system, falls upon the

nervous, and particularly upon the ganglionic portion of it, producing dynamic or organic changes, and through them, however little understood, disturbances which although, on account of the form and violence of their manifestations, they easily hide and cause us to forget the primary disease, still spring from the same seed and flourish in the same soil with these allied affections. This connection of many of the secondary mental disorders with gouty affections, is attested by so many facts, that I am satisfied an extended observation and correct estimate of them will remove all present doubt. Of these facts, I will here adduce only a few. The prevailing periodicity common to insanity as well as gout and hæmorrhoids; the symptoms by which in the latter the participation of the nervous system expresses itself, and which often attain the height of hypochondriasis and melancholia; the sympathy of the cutaneous organs and their disposition to morbid eliminations; metastasis by which the suppression of the one is often followed by the eruption of the other. The remedies, also, which prove to be useful in one class are often most successfully employed in the other. Should the causal relation between them not be admitted (and it is here referred to incidentally, and by way of conjecture only,) it will hardly be questioned that they have the common characteristic of being equally seated in the constitution and interwoven with it, or in other words, that they rest upon such pathological conditions as are very liable to become habitual. From this morbid peculiarity pervading the entire organism, but particularly the abdominal organs, springs the difficulty of effecting an entire change, such as is necessary for the sure prevention of gout and piles, as well as insanity. And even more, since the latter has affected that part of the nervous system whose office it is to preside over the functions of organs, and since the same nerve-fibre which has once been subjected to the morbid process retains a debility, an unusual susceptibility to the action of any new morbid influence. For we are yet without a remedy easily and generally applicable for overcoming thoroughly this remaining atony of the nervous system, except so far as we have it in sea-bathing and the shower-bath.

With this is connected rather intimately a second item, favorable to relapse in insanity; and this is found in the fact that the pathological conditions spoken of are, for the most part, supported by the entire mode of life. Here must be mentioned prominently the bodily diet; food and drink, sleeping and waking, rest and exercise, etc. We need not here



explain the influence which these matters have in the production of disease, nor prove that in the treatment they demand a more careful consideration than they receive, even in some hospitals for the insane. Only the dangers are here to be considered which threaten from this direction the permanence of the restoration of those who have recovered from insanity. Even the most inappropriate hospital diet is probably regulated with regard to the time of eating, and the quantity of food taken, and there can be no doubt that this wholesome item exerts, in many cases, as important an influence in the cure as the more direct treatment itself. Those acquainted with hospitals for the insane know with what reluctance and murmuring not only the sick, but even the convalescent, often bear the restraint imposed on their inclinations by dietetic regulations. And although every species of guardianship is unpleasant to the adult sick, and in every respect after his recovery has delivered him from it he delights to use his liberty, yet he insists on his dietetic rights with most importunity. Those cases must be considered the exception in which obedience to the orders of the physician does not come far short of the resolutions and pledges of the restored invalid. Nor ought we here to lose sight of the derangement of the gastric nerves, which often remains or returns after recovery, and stimulates as much to transgression as the over-tonic condition of the stomach following the cure by quinia of intermittent. Hence it happens but too often, that as soon as the most pressing symptoms or the greatest danger have been overcome, and the convalescent removed from medical care, the general or the local disease which has been slowly and with difficulty cured, gradually returns, while medicinal means are discarded, since the general health does not appear to demand them, until the danger becomes inevitable, and the speedy eruption of the old or a new train of symptoms indicates a relapse, bringing upon the physician the unmerited reproach of a superficial cure. "The well deserved reproach," has been the answer of the psychicist, "for from this arises the partial success of a purely somatic treatment; it does not seek to educate the ignorant patient, and give him in the possession of a higher morality a sure talisman against the perilous temptations of the appetites." What prudent physician would not aim at this end, whether or not he considers the derangement of the mind only the symptom of bodily ailment? What physician would not take the pains to convince his recovered charge of the injurious character of those influences which have surrendered him a helpless prey

to disease, and warn him against them? How seldom is his effort of any permanent avail, even if he could transfer the gray-headed disciple of his philosophy into the groves of an academy.

In addition to dietetics in a physical and more restricted sense, the employment and entire moral regimen remain to be considered, as these also assist in forming the soil in which the pathological conditions here alluded to take root. That all the items belonging to this point have some influence in the production of insanity, as well as of its relapses, has been acknowledged by physicians of a very remote period, for they have advised a change of residence, of employment, and of other circumstances, not only during, but also after, an attack. The smallest portion, even, of the restored, can hardly act upon these directions, however; for the greater number the exit from the hospital is the return to the old injurious habits and influences—in the higher circles the dangers of luxury, in the lower those of want. The voice of reason is seldom stronger than that of self-love and want, be it enforced ever so much by experience and the admonitions of the physician. One fact appears to me to be of particular interest in reference to this influence of the mode of life. Most of the relapses which are not the result of extraordinary causes, as child-birth, violent passion, etc., pass through the incipient stage in the commencement of spring or of autumn, and break out in the beginning of summer and of winter. It may not be venturing too much again here to trace an analogy between insanity and arthritic affections, as among them gout, in its tendency to periodicity, seems to prefer the equinoctial seasons. As, however, every explanation taken from cosmical or siderial influences is an uncertain resource, and gives little light, I will rather refer to matters nearer home. And in this connection the change of occupation which is so clearly connected, at least in our northern latitudes, with the warm and cold seasons of the year, and which takes place twice annually, deserves to be mentioned. The one invites to the open air and to labor; the other drives back into quiet life and the confinement of the house; which implies much that can affect the organism, and with the aid of a predisposition, cause disease. To the influence of the atmosphere must be added its chemical constitution, perhaps, as well as its temperature. Even the most robust individual perceives the opposite influences upon the system, varying so much at the two solstices; the invigorating, cheering, and exciting powers of spring, and autumn's depression and ill-humor. Will not this effect be



particularly exhibited in pelvic diseases, and predispositions to them? for it is well known, from numerous observations, how much the external temperature modifies the circulation of the blood, particularly in the thorax, and through changes here that of the abdomen and brain. This may bear more than an accidental relation to what I have often observed, that in spring relapses are most frequent in those disposed to arterial excitement, while in autumn, on the other hand, those are most in danger whose veins are too full.

Finally, we must not underrate the importance of mental dietetics. We must not refuse to allow great power to another series of morbid causes, although it would be going too far, as has been done, to consider them the only effective influences, and as the immediate causes of this disease. These are the psychical causes, which, in so far as they have an exciting or depressing operation upon the nervous system, can of themselves bring about such a change in the vitality, particularly of the organs of the pelvis, that through this may be produced the pathological conditions which lie at the foundation of the secondary insanity. Such moral causes are found mostly in the aggregate relations, political and domestic, of the invalid, which make his mind a constant theatre of contention between exciting and depressing emotions. The only means to counteract such hurtful relations and events, is indeed a calm and correct view of them; that Socratic wisdom which curbs the stormy passions, and thus prevents their evil influences. As long as an individual who has already succumbed under such circumstances remains prostrated, it is impossible to give his reason, by direct instruction, the control of his unfettered passions. The only remedy, therefore, applicable at this time, is to withdraw him from all hurtful relations, and transfer him to a new, and to him, a strange world. The storm of the disease once over, he must be taught to avoid, as far as may be, what is pernicious, to view calmly what cannot be avoided, and bear it with patience. This is a problem that presents itself to every physician, and has been thought to be the only essential one by those who see in mental disorders no bodily lesion. But even among them, probably, the difficulty of its solution will be admitted. The so-called uneducating process demanded by them, I consider a veritable chimera. What a mass of prejudices imbibed from infancy, and confirmed by years; what a number of habits already become a second nature, would have to be eradicated in this process! How many false notions corrected, new views instilled, how much every susceptibility altered, the mind made alive to a series

of entirely new stimuli, and dead to the old. Never has he adequately learned the difficulties of educating children, who considers it so easy to educate anew, and on different principles, adults, and such, too, as have perhaps not only yielded to imprudence, but to immorality—though precept, example and necessity aid in the work. Granted that the tedious labor succeeds, and the reformed disciple is dismissed from the hands of his guide, where else can he go but into the reach of the same hurtful influences which had overcome him at first. It may indeed be justly required of the teacher that he should bring his pupil to a point where, even under the most unfavorable circumstances, he shall not go astray. But would you bring back to the straying one who has been reclaimed and instructed in the right way? The reformed thief or robber may perhaps be a good citizen, and remain so while he lives among good people; but let him go from the reform-school into the society of thieves and robbers, and his reformation will hardly continue. This comparison is not really harsh or inapplicable. Are we speaking of an invalid whose health has been destroyed by moral or mental influences? it will ordinarily be the same world of vexations from which the invalid escaped, and to which the convalescent returns. For, generally, the friends, both of invalid and convalescent, expect the physician to do everything in changing the conditions upon which insanity rests, while they themselves are either unable or unwilling to remove or modify the causes. Thus it happens that the restored lunatic is ever forced to encounter more dangerous rocks after quitting his place of cure than any sailor that faces the storm after repairing his shipwrecked craft in a quiet haven.—*Translated from the German of C. F. Flemming, by Dr. S. S. Schultz, of the Penn. State Lunatic Hospital, at Harrisburg.*

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OPIUM IN MELANCHOLIA.—Dr. Sponholz, in his statistical reports of the asylum at New Ruppín, speaks strongly respecting the efficacy of opium in some forms of mental disease. In melancholia particularly, he regards it as invaluable, and esteems it more highly than all other internal remedies he has employed. “Its favorable operation,” says he, “in passive melancholia, encouraged me to future trials in other forms of mental disease, such as active melancholia, continuous and intermittent mania, mental misconceptions, (*sinnenwahn*,) etc., with marked benefit. By means of the consecutive and methodical administration of opium, he has frequently changed the complicated sufferings incident to the above



affections, in a manner not to be expected from his former practice. In a comparatively short time his patients were so much restored that they could be dismissed with good hopes and expectations ; and his curative results by means of opium have been much greater than formerly. Respecting his mode of administering the opium, Dr. S. says :

“In the first years of our experiments with the drug, we gave it two or three times a day, increasing by very slow gradations. Since three years we are convinced that two daily doses, one soon after rising, and another just before retiring, that the effect of each may reach forward over a space of twelve hours, is the best mode of administration. We begin with the weak dose (half a grain) and continue this from three to six days, according to individual susceptibilities, and the known influence of the same portion. When we have gone on to four or five grain doses, or to eight or ten in a day, we continue at this height, or proceed more gradually ; keeping up the influence, however, till decided improvement follows, or the signs of satiation or gastric reaction are perceived.

“Its first effects are manifested in the behavior of the patient—aversion, inactivity, sleepiness, etc., subsequently by nausea, retching, vomiting or diarrhoea. In the first cases, we prolonged the administration when we had reached the height, and went no further if the patient felt more free, and had won back his old liveliness. At last, we sink down to two or three grains, whereby the gastric affections cease, and after a few days begin anew, and proceed more gradually.

“Mostly, there is no renewal of the early reaction. Should this, however, be the case, we return again to the same treatment, and continue it till the desired object is attained, or till satisfied that no further good results can be obtained by the continuance of the remedy. In this way, the author has given in three cases as much as twenty-four grains daily, and in two cases twenty grains, without having observed any disadvantageous consequences. When the desired height has been attained, the same has been continued for two weeks, and then the dose has been gradually reduced, at first, say one-half or one grain every six days, then one grain every third or second day, till discontinuance. While taking the last small doses, the patients have mostly left the institution. If, during the time the opium was being diminished, there was a return of the earlier symptoms, it was again increased until the symptoms disappeared, and after remaining some weeks longer at the same height, it was reduced more gradually than before.” The author observes in conclusion, that

“Of the larger number of cases treated by me during an experience of six years, seventy-five per cent. have been cured, while in but twenty-five per cent. have we observed only a partial or unsatisfactory result.

Opium, therefore, though not a universal, or unlimited remedy, is an invaluable one in psychiatry. Never with us has it weakened the spiritual activity or thinking faculties, but regulated them, kept down the insane imaginations, and brought back the mind to its normal condition. It has been well borne, and has had a favorable influence on the digestive and entire nutritive functions, and has never induced sexual disturbances or inclination to costiveness.—*Allgemeine Zeitschrift für Psychiatrie*.

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MARRIAGES OF CONSANGUINITY.—M. Boudin, so well known for his researches in medical statistical questions, thus concludes an interesting inquiry concerning the effects of marriages of consanguinity: 1. The opinions hitherto delivered, whether for or against the hurtfulness of these marriages, have for the most part not been based upon conclusive proofs. 2. It is the statistical method that can alone supply a scientific solution of the problem. 3. It results from my own researches that consanguineous marriages are contracted in France at the rate of two per cent.; and that deaf-mutes are the issue of consanguineous marriages in the proportion of 28 per cent. at the Paris Imperial Institution, 25 per cent. at Lyons, and 30 per cent. at Bordeaux. 4. Marriages between nephews and aunts are contracted in France in the proportion of 0.014 per cent. (fourteen thousandths per cent.,) while deaf-mutes are the results of such marriages in the proportion of 2.04 per cent. In other words, deaf-mutes resulting from such marriages are 145 times more numerous than they should be. 5. Marriages between uncles and nieces are contracted in the proportion of 0.04 per cent., (four-hundredths,) and the deaf-mutes resulting from such marriages reach 1.61 per cent., *i. e.* the danger of engendering deaf-mutes is 40 times greater in this kind of alliance than it is in ordinary unions. 6. Marriages between cousin-germans are contracted in the proportion of 0.77 per cent., and deaf-mutes are produced in the proportion of 18.47 per cent., *i. e.* 24 times more frequent than they should be. 7. The proportion of deaf-mutes proceeding from consanguineous origin would be still greater if we could take into account those which proceed indirectly from consanguineous marriages. 8. While at Berlin the proportion of deaf-mutes is but 6 in 10,000 among the Christians, it is 27 in



10,000 among the Jews. 9. In nearly the whole of the cases the deaf-mutes issuing from consanguineous marriages have parents who are perfectly healthy and exempt from hereditary affections. 10. When male and female deaf-mutes intermarry, not being consanguineous, the children they produce, with rare exceptions, are exempt from dumbness and deafness. 11. In the face of such facts as these, the hypothesis of a morbid hereditariness employed for the explanation of the frequency of deaf-dumbness among infants the results of consanguineous marriages, is radically false. 12. The hypothesis of the pretended harmlessness of consanguineous marriages is contradicted by the most evident and well-verified facts, and can only be excused by the difficulty, or rather the impossibility, of giving a physiological explanation of the production of infirm children by parents who are physically irreproachable. M. Boudin, in proof of the practical importance of this kind of inquiries, states that in 1831 more than 15,000 men have been exempted in France from military service on account of deaf-dumbness, dumbness, or deafness. —*Recueil de Mem. de Méd. Militaire and Medical Times.*

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THE NECESSITY OF A LUNACY COMMISSION.—Our institutions and provisions have grown up from necessity, in this department, [of lunacy] each upon its own basis without general system or supervision, and the subject under consideration demands a hearing.

There are two classes, making two grand divisions of these unfortunates—the acute and chronic, a large percentum of the former susceptible of cure or improvement, while the latter is susceptible of little or none. Our public institutions is the place for the former class, and it is to be presumed that if proper local arrangements were made in each county for the latter class, they may be made as comfortable and as humanely cared for as in the public insitutions, and at a less expense by a large per cent. It is to be noted, however, that our public institutions would not suffer in this arrangement. On the contrary, they may be made much more useful than at present; a large proportion of their inmates might be transferred to local institutions, giving place to others suffering for the want of the enlightened treatment they would there receive, but cannot for want of ample provisions to get them there, or place to put them when there. It would be the province of a Commission of Lunacy to regulate all this, and to endeavor to operate with the county authorities to provide suitable apartments and appendices to their already pauper

establishments, and in that way obviate the necessity of making provision for other public institutions, a subject which has heretofore been more or less agitated, and which a lapse of time would be sure to render necessary.

The necessity of such a Commission, and such arrangements, has long since been developed and established by some European governments; but it is to be doubted, perhaps, whether it has ever been carried to that degree of perfection that it can be made to be in this country.

The object of your correspondent is not to enter into an elaborate disquisition upon this subject; but to invite the especial attention of your readers to its consideration; to scan in their own minds its merits and demerits; and take such action as they may feel called upon to make.—*From Letter in American Medical Times.*

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INSANITY FOLLOWING INJURY OF THE HEAD.—OPERATION.—DEATH.—B., aged 24, farmer, was admitted July 27, 1860. At the age of 14 he received a kick from a horse, producing a compound fracture of frontal bone. Some loose fragments were removed. There remained, however, a depression of bone, visible to the eye, running in direction of a line from right frontal eminence to left superciliary ridge, deep enough to receive a finger. The remote effect of the injury was to produce an alteration in character of patient. He became irritable, excitable, and eccentric. He used tobacco to excess, and occasionally drank to intoxication. Notwithstanding his affliction, he was a person of fair capacity, and performed his duties intelligently.

Eight years ago he had an attack of insanity, lasting six weeks. Two years ago he had a second attack, lasting a few weeks. Present attack commenced three weeks prior to admission, since which time patient has been in a state of excitement, sleeplessness, disposed to wander from home during the day and night with no apparent object.

After admission of patient he continued in much the same state; declaimed in a loud and turbulent manner; had delusions of a religious character; was noisy at night. There was no considerable disturbance of physical health. The circulation was irregular, and during paroxysms of excitement face became congested. The form of disease was that usually described as paroxysmal mania.

Under the quiet of the house, and with the use of anodynes (hyoscyamus and warm bath,) patient became calm, improved in physical health, slept well, and conversed properly and rationally.



On the 19th of October he was removed for the purpose of having an operation, which had been determined upon by the friends, performed with a hope of permanent improvement or relief.

A brother, a physician, informed us by letter that the operation of trephining was performed over the depression. The membranes were attached by firm adhesions to the depressed bone. Reaction was not established until three days after, when it appeared suddenly and violently, lasting twenty-four hours, during which time patient could not be kept in bed, but walked about the house. He passed into a comatose condition, and died five days after the operation. There was no *post-mortem* examination. The dura mater, which was thickened, was accidentally opened, and two or three ounces of effused fluid escaped.

Cases of this character are not of frequent occurrence, yet they are met with from time to time. \* \* \*  
In the case in question, and in similar instances, we should decide after answering two inquiries :

*First.* Are the adhesions between the depressed bone and membranes so firm as to admit a separation only at serious risk of injury to them ?

*Second.* Did the accident probably produce such extensive injury of the membranes, or brain substance, as to bring about a permanent alteration of the healthy condition of the circulation, or of the nutrition of the brain ?

If these inquiries are settled affirmatively, while no improvement will follow an operation, the patient's life still will be jeopardized by the succeeding excitement and reaction which are among the hazards to be encountered.—*Jno. B. Chapin, M. D., in American Med. Times.*

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APPOINTMENTS.—Dr. Charles E. Van Anden has been appointed Superintendent of the Asylum for Insane Convicts at Auburn, N. Y., in place of Dr. Edward Hall, resigned.

Dr. Richard Gundry has been appointed to succeed Dr. J. J. McIlhenny as Superintendent of the Southern Ohio Lunatic Asylum, at Dayton, O.

Dr. James H. Woodburn has been appointed Superintendent of the Indiana Hospital for the Insane at Indianapolis, to succeed Dr. James Athon, resigned.

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## ESSAYS, CASES AND SELECTIONS.

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MECHANICAL AND OTHER EMPLOYMENTS FOR  
PATIENTS IN THE BRITISH LUNATIC ASYLUMS.  
BY EDWARD JARVIS, M. D., DORCHESTER, MASS.

*Read before the Association of Medical Superintendents of  
American Institutions for the Insane.*

ONE of the most noticeable things which an American finds in visiting the county and borough lunatic asylums of England, is the quietness and loneliness of the wards during the daytime. On inquiry as to the cause, he is told that most of the patients are engaged in various occupations on the farm, and the grounds about the house, in the garden, and in the work-shops. Going out of the hospital, he finds men every where at work, digging, hoeing, shoveling, raking, wheeling, performing all sorts of labor connected with horticulture and agriculture, and apparently as correctly and sanely, and certainly as quietly and steadily, as sane men do similar things, in the fields and gardens elsewhere.

On farther examination, he finds shops of many kinds, where carpenters, blacksmiths, cabinet makers, tinmen, shoemakers, engineers, tailors, plumbers, matmakers, upholsterers, &c., are engaged in these and other mechanical occupations. I found these in all the public asylums I visited: they seem to be common and perhaps universal throughout the



kingdom, for it is the acknowledged policy of those who have the general administration of the insane, and of those who have the special management of the asylums, to employ the patient's body and brain, his limbs and his mind as much as possible, in a sane way and on sane subjects, and for some real purpose, to which he can give his attention. They find this generally can be done the most easily and effectively in such occupations as had been most familiar and agreeable to the patient when in health, or those which, they suppose, will be the most attractive to him, when his mind or affections are deranged.

Gradually and cautiously, in the beginning, the experiments were tried of inducing patients, who had before been left to themselves in the wards, now to go to the shops and engage in a series of operations with the hands, that also required the coöperation or the direction of the brain. At first the quiet and very manageable and manifestly harmless patients, who had some mental activity, were taken to the shops, and put to work. When they found, that these went willingly to their several employments and seemed to be pleased with the opportunity of varied exercise, they added some of those who were more excitable and apparently less safe in the use of tools and in whose hands they had not, at first, dared to place sharp and dangerous instruments. But it was found, that these also went gladly to their work and seemed gratified with the confidence that entrusted such tools in their hands. Then also others of the opposite class, the torpid and the demented, and especially those who were approaching dementia, were taken from the wards to the shops and put to work. These if not willingly, or if not by any active will on their own part in favor of the proposal, yielded to it, at least, with little or no active resistance, and went to the work. Many and various influences and motives combined to induce the patients of all mental conditions to engage and persevere in the several occupations offered to them. The authority of the governing power, the law and the officer, the tact and persuasion of the attendants, the influence of the ready upon the slow, all these and many other

motives coöperated in leading them from the wards to the scenes and places of labor. The moral discipline of the general industry, the influence of the kind, judicious and appropriate leader, who superintended the operations whether in shop or abroad, and the sympathy and example of other patients who were working in the same way and in the same room or place, operated, in great degree, to overcome any restlessness, to keep down any uprising spirit, to restrain vagaries of thought and hold their minds to the work before them.

It certainly required much teaching and guidance, much coaxing and even urgency to induce the dull and torpid to awake their sleeping thoughts, and apply their inactive minds to any thing that required continued attention. Nevertheless this was done everywhere, and in many cases that promised little or nothing in the advance. There were some very manifestly demented patients, with as little apparent power of mental action as living humanity ever presents even in its lowest developments or repressions; these were at work carrying on simple processes, that required little or no thought, certainly no comprehension of plan, and no complication of ideas, but which brought into action all the mental power they possessed. And they were working apparently contentedly and more than contentedly, for they seemed to enjoy their occupation. One man was wheeling gravel from a bank of earth to a place of deposit, at another side of the yard. He appeared to have hardly more thought than his barrow, yet he went to and fro, trundling his vehicle as mechanically as his wheel rolled round, waiting for it to be filled at one end and depositing his load at the other end of his journey, without mistake, for hours successively.

I saw at the asylum at Powick, in Worcestershire, an idiot busily at work in the shoe-shop. He was twenty years old when he was brought there. He had been an idiot from his birth and had never been taught to do any mechanical work before he came there. Nevertheless, Dr. Sherlock, the Superintendent, taking counsel of his success in other cases of similar if not so hopeless a form, undertook to set him to work



in the shoe-shop. But the director of the shop, who was also one of the attendants said, that none could be more unpromising at first, and for a long period ; it required the close and persevering teaching of several months, six, I think, to get the man to give his attention to any instruction and perform any, even the slightest and simplest process, by direction, and repeat it when asked or by his own volition. But when he had gained the power to do any simple thing, and could remember how to do it again, and rouse sufficient intellect to carry it through, he had gained at least a starting point, and he learned more easily and less slowly thereafter : but it was two years before he was able even to peg the bottom of a shoe, without continual supervision and direction. Then he had made such progress in his education, that when the shoe was put on the last, and the sole cut to the proper shape and laid on it, and the pegs laid by his side, and the awl and hammer placed in his hands, he could make the holes, put the pegs into them and drive them down, and repeat this, until he had gone all round the sole of the shoe, and then he would wait for a new direction. At length he acquired a power and even a facility of doing all of this without supervision, and then he added to this the power to put on the heels of proper thickness, and then of trimming the sides, and smoothing and polishing the surface and finishing the whole for use.

I do not know how long he had been at work when I saw him. He seemed to be about twenty-six or twenty-eight years old, and if so, he had been in the shop six or eight years. But he was then working apparently as contentedly and certainly as steadily as sane men work in other shoe-shops. Indeed, he seemed to be more than contented. He was evidently pleased with being there, and with the success of his labors. He smiled pleasantly when I looked at his shoes and said, " they were well made, and would be worn and do good service." I was told that he worked there constantly, about ten hours a day, and always in the same manner as he presented at my visits.

He was not a skillful workman : he was not expected to be. He had not the acuteness of the perceptive faculties, nor the

accurate power of discrimination, nor the nice exactness of co-adaptation, nor yet the delicacy of muscular control, that are necessary to make one skillful in mechanical workmanship. He was naturally and necessarily a coarse workman, for his organization had made him such. The shoes which he made were coarse brogans: but for their purpose and of their kind, they were good and well made: the upper-leather and the several pieces of the sole and heel were all well put together: no necessary part or process was omitted, nothing needed was left undone, and Dr. Sherlock felt confident that he would carry through the whole series of processes committed to him, and make a shoe good of its kind, with about the same certainty as other and sane men ordinarily do.

Without this training or some other of similar adaptation to his feeble powers, and this perseverance corresponding to his mental inactivity, this man probably would have been left to himself to pass a life of mere passivity in the wards of the hospital, vegetating with scarcely a thought and little or no muscular action. Yet he is a type of a class, which the English managers of lunatic asylums have endeavored, with good success, to rouse from a torpidity approaching mental death, up to some degree of life, and to give that life a convenient and useful direction and make its force available.

In the same shop with the idiot shoemaker, there were other patients at work in the same way. Most if not all of these were brighter than he was. They may have been troubled with mania, which was for the time repressed, or with dementia but for the moment giving place to life, but they showed nothing that would reveal to the unpracticed visitor that they were insane.

In other shops there were carpenters, cabinet-makers, blacksmiths, tailors, tinmen, plumbers, &c., busily employed. These were patients of the asylum, some were insane in various ways and in various degrees, and some were demented; but they were performing their several parts with the same quietness and attentiveness to the work in their hands, and apparently with the same success that I noticed in the shoe-shop. They seemed to be as much interested in



the business assigned them and as attentive to the several processes, and to use their tools with as much care and safety as other and sane men do in the outer world, and as far as I could see, with as much skill as men of their degree of general or special culture and practice in these handicrafts do, in other and similar shops. Yet it can hardly be believed that this apparent degree of skill was real: it is not to be supposed that an insane or demented mechanic, with a weakened or a disturbed or disturbable brain and nervous system, with duller perceptive faculties, slower reasoning power or unbalanced mind, can have that discipline and control of his muscular actions which is needful to make a good mechanic.

I inquired everywhere, whether this employment of the insane, as carpenters, blacksmiths, &c., and entrusting them with sharp tools and dangerous means was safe, and I was universally told that it was. I heard of only one instance of any harm growing out of the practice, and that proved to be of no serious consequence. It did not, in the minds of the Commissioners in Lunacy or of the managers of asylums, have any weight against the system, nor lessen their confidence in the propriety and feasibility of the general adoption of mechanical occupations among the means of treatment of the insane.

It is very probable, even quite certain, that the superintendents use all due discrimination in the selection of patients for the shops. They know the mental state, the propensities and the liabilities of those who are under their care, and would naturally hesitate about putting sharp instruments into the hands of some more than others, and would refrain from giving them to some, whom, from their own knowledge of them personally, or from their familiarity with others in similar condition, they supposed to be untrustworthy. Nevertheless they do entrust such tools to a much larger class than the world, inexperienced in such matters, would think safe. There were men in the cabinet-makers' and carpenters' shops, who were excitable when in the world abroad and even in the wards of the asylum, and from their language and manner,

they might seem to strangers to be dangerous, if they had the means and opportunity of doing harm.

I discovered no difference of opinion among all who were interested in, or connected with, lunatic asylums, as to the safety, advantage and propriety of employing patients as artisans. All agreed that it was advantageous for the institutions, and profitable for the inmates. The only difference of opinion was, that some thought it best that the attendants should be mechanics, who should attend to their several wards and patients while in the house, and go to their appropriate shops when they went to work and there superintend those who were engaged in the employment familiar to them. As the classification of the patients in the hospital would not be on the basis of trade or occupation, the carpenters in one ward and the shoemakers in another, and the farmers in a third, but according to form and state of disease, it follows, that, by this system the attendant must have the charge of one set of patients while in the house, and of another set while in the shops. This is the plan adopted at the Worcestershire Asylum. But some others thought, that two different sets of men should be engaged, one to have the charge of all the patients, while in the wards, in the night and in the non-working hours, and the few, the aged, feeble, and unwilling, who do not work, during the day. These need no skill as mechanics; but another set should be artisans, blacksmiths, tailors, &c., and these should have the charge of the patients and the work of the shops, but no responsibility for the lunatics while they were in the house.

In all sorts of ways, and with as large a variety of means of employment as could be brought into the asylums, the superintendents send as many to the shops, the grounds, the gardens, the farm, the stables, &c., as they can induce to work. Of course, there are some in every establishment of this sort, who can not be persuaded to work or occupy themselves in any way. The very aged, the feeble, the sick, the paralytic can not work. Some are too excitable and doubtless some are too torpid, some may have too little intellect to comprehend any process, and some are able and intelligent



but unwilling. But making all these deductions, the managers have been able to induce about two-thirds and often more to engage in some kind of labor, and sometimes this proportion has run up as high as ninety per cent. of all, yet this is a rare success, and due to a favorable combination of circumstances and conditions that may not be expected in the usual course of hospital life. In the reports of a large portion of the English county and borough asylums, printed within the last twenty, and mostly within the last ten years, patients are stated to be employed in the following capacities, occupations and spheres :

## M E N .

Clerk,	Garden,	Coir Picker,
Messenger,	Grounds,	Hatter,
Gate Porter,	Roadway,	Knitter,
House Porter,	Stable,	Lace Maker,
Town Porter,	Brickmaking,	Mat Maker,
Aid in Galleries,	Limekiln,	Mop Maker,
Aid in Store Rooms,	Quarry,	Oakum Picker,
Aid in Kitchen,	Stone Shed,	Printer,
Aid in Coal House,	Carpenter,	Shoemaker,
Aid in Superintend-	Mason,	Straw Plaiter,
ent's House,	Slater,	Tailor,
Baker and Brewer,	Painter,	Tinman,
Furnacemen,	Plumber,	Tanner,
Wood Cutter,	Glazier,	Weaver,
Grinding Corn,	Engineer Shop,	Wheelwright,
Mangling,	Basket Maker,	Whitesmith,
Turning Washing	Blacksmith,	Upholsterer,
Machine,	Blanket Quilting,	Cooper,
Attendant,	Book Binder,	Engraver,
Organist,	Brush Maker,	Glue Maker.
Farm,	Cabinet Maker,	

## W O M E N .

Kitchen,	Aiding Attendant,	Making Hats,
Peeling Potatoes,	Garden,	Making Lace,
Washing,	Weeding,	Making Shoes,

Ironing,	Picking Fruit,	Making Stocks,
Mangling,	Farm,	Making Vests,
Folding and Mend-	Haying,	Needle Work,
ing hose,	Dairy,	Netting,
Mending men's	Roadway,	Picking Coir,
clothes,	Fancy Work,	Picking Flock,
Mending women's	Plaiting Straw,	Quilting,
clothes,	Making Bonnets,	Shoe Binding,
Cleaning,	Making Cloth Boots,	Knitting.
Cleaning Galleries,	Making Gloves,	

It is not to be supposed that all of these are pursued in any one asylum, perhaps not half of them are found in any single asylum. There may be and probably are other occupations in which patients are sometimes engaged, but not mentioned in the reports.

The officers keep a daily record of the manner and time in which every patient is occupied. This record is kept in a book, and in some, perhaps in all the hospitals, this is condensed into a table every week, and again every month, and a copy sent to the Board of Commissioners of Lunacy in London.

Most of the reports include either condensed abstracts of the records of the whole year, showing the average number engaged in each occupation through the twelve months, or they give specimens to show how many were employed in each way on the days, weeks, or months selected. Several of them state also the number unemployed, and the reasons for their being left in the wards.

The following are selected from the many annual reports of the asylums, whose names are at the head of the columns, taking one year of each series:



## NUMBER OF MALES EMPLOYED IN SEVERAL ASYLUMS.

	AVERAGE THROUGH THE YEAR.				AVERAGE AT SPECIFIED TIMES.			
	Sussex.	Dorset	Surry.	Hampshire.	Lancaster.	Prestwich.	Rainhill.	Chester.*
Farmers, .....	} 30..	..25	..12	19.25.	..77	} ..68.75	.61.	43.3
Gardeners.....			..87	25....	..10			
Bakers, .....	..1..	.....	.. 2	3.4..	} ..3..	..3..	..2.	....
Brewers, .....	..2..	.....	.....	2....		..1..	.....	....
In Kitchen, .....	..1..	.....	.. 7	1....	..4..	..6..	.....	4.6
In Laundry, .....	..1..	.....	..12	8.75.	.....	.....	.....	....
In Office, .....	.....	.....	.....	1....	.....	.....	.....	....
House Porters, .....	..1..	..1	.....	2....	.....	.....	.....	....
Store Porters, .....	} .5..	.....	..1	2....	.....	..1..	..2.	11.3
Coal Porters .....			..6	.....	.....	.....	.....	
Cleaning Galleries, .....	..5..	} 19	.....	.....	..98.5.	.....	..30.	....
Cleaning Furniture, .....	.....		..16	.....	} 32..	..30.,	.....	10.6
Cleaning Wards, .....	..35..		..57	.....			.....	
Cutting Wood, .....	.....	.....	.....	75..	.....	.....	.....	....
Carpenters, .....	..4..	..3	..4	1.5..	..6..	..2..	..4.	..3
Bricklayers .....	..1..	.....	..5	1.5..	..1..	..1..	..4.	....
Painters, .....	} 3..	..1	..1	2.75.	.....	} .5..	.....	..6
Plumbers, .....		.....	.....	.....	..2..		..1.	....
Glaziers, .....	.....	.....	.....	.....	.....	.....	.....	....
Engineer's Aid .....	..3..	..3	..1	} 5.5..	.....	..5..	..6.	2.6
Blacksmiths, .....	.....	.....	..1		..2..	.....	..2.	
Tailors, .....	..9..	..4	..15	4.75.	..12..	..4..	..8.	....
Shoemakers, .....	..10..	..4	..11	6.5..	..9..	.....	..9.	..8
Tinmen .....	.....	.....	.....	.....	.....	.....	.....	..1
Upholsterers .....	.....	.....	..1	.....	.....	11.5.	.....	....
Weavers .....	.....	.....	.....	.....	..2..	.....	.....	....
Bookbinders .....	.....	.....	.....	.....	..3..	.....	.....	....
Picking Oakum .....	.....	.....	.....	63.5.	.....	.....	.....	....
Picking Flock, .....	.....	..6	.....	.....	..5.75.	.....	.....	....
Mat Makers .....	..7..	.....	..7	.....	..4..	.....	.....	....
Turner .....	.....	.....	.....	.....	.....	.....	.....	....
Picking Coir .....	.....	.....	..9	.....	.....	.....	..2.	....
Mop Makers, .....	.....	.....	..1	.....	.....	.....	.....	....
Breaking Stones .....	.....	.....	.....	.....	.....	.....	.....	4.5
Crushing Sand, .....	.....	.....	.....	.....	..10..	.....	.....	....
Pumping, .....	.....	.....	.....	.....	..12..	.....	.....	....
Other in-door work .....	.....	.....	.....	.....	30.25	.....	.....	....

UNEMPLOYED.								
Excited with Restraint, ..	.....	.....	.....	.....	.....	.....	.....	.....
Excited without Restraint ..	.....	.....	.....	.....	2.25	.....	..4.	.....
Excited in seclusion, ...	.....	.....	.....	.....	.....	2.5	.....	.....
Excited without seclusion, ..	.....	.....	.....	.....	.....	4.5	.....	1.3
Sick .....	.....	.....	.....	.....	7.25	..6.	.....	.....
Sick in bed .....	.....	.....	.....	.....	.....	.....	..8.	.....
Quiet, .....	.....	.....	.....	.....	45	88	.....	10
Aged and infirm .....	.....	.....	.....	.....	.....	.....	23	.....
Too low spirited .....	.....	.....	.....	.....	.....	.....	..5.	.....
Too little mind .....	.....	.....	.....	.....	.....	.....	..8.	.....
Able but unwilling, .....	.....	.....	.....	.....	.....	.....	..6.	.....

\* The returns of the Chester Asylum include only the forenoons. All the others include both forenoon and afternoon.

NUMBER OF FEMALES EMPLOYED IN SEVERAL ASYLUMS.

	AVERAGE THROUGH THE YEAR.				AVERAGE AT SPECIFIED TIMES.			
	Sussex.	Dorset	Surry.	Hampshire.	Lancaster.	Prestwich.	Rainhill.	Ches-ter.*
House Work.....	..40..	..2	....	..5...	.....	.....	....	....
Cleaning .....	.....	....	....	..6.5..	.....	.....	..2.	....
Cleaning Wards .....	.....	....	....	.....	..171.3*	..27.5	..41.	..17.
In Kitchen,.....	..12..	..3	..8	.....	..10...	..8.75	..9.5	..6.
Peeling Potatoes.....	.....	....	....	.....	..16†..	.....	..6*	....
Washing.....	.....	....	....	.....	.....	.....	..11.	....
Mangling.....	.....	....	....	.....	.....	.....	..4.	....
Ironing .....	.....	....	....	.....	.....	.....	..10	....
Folding .....	.....	....	....	.....	.....	.....	....	....
Laundry .....	.....	..18	..45	..38...	..51.3.	..36...	....	..25.
Laundry & Wash House, .....	..35..	....	....	.....	.....	.....	....	....
In Superintendent's house .....	.....	....	....	.....	.....	.....	....	..3.3
Needle Room,.....	.....	..27	....	..58.25	.....	.....	..64.5	....
Needle and Fancy Work, .....	..65..	....	..175	.....	.....	.....	....	....
Quilting and Sewing,.....	.....	....	....	.....	136.3‡.	..19.75	....	..47.
Knitting, .....	.....	..5	....	.....	.....	.....	..6.	....
Knitting and Netting....	.....	....	....	.....	..20‡..	..11.25	....	..5.4
Netting,.....	.....	....	....	.....	.....	.....	....	....
Mending Stockings,.....	.....	....	....	.....	..12.5.	..12.75	....	..5.6
Bonnet Making, .....	.....	} .3	....	.....	..1‡..	.....	....	....
Hat Making,.....	.....		....	.....	.....	.....	....	....
Plating Straw.....	.....		....	.....	.....	.....	....	....
Shoebinding,.....	.....	....	....	.....	..4‡..	.....	..2.	..1.
Hay Making,.....	.....	....	....	.....	.....	..63.75	....	....
Picking Flock.....	.....	....	....	.....	..36...	..10...	....	..05
Ward helpers.....	.....	..18	..63	..39...	.....	.....	....	..03
Cleaning Chapel.....	.....	....	....	.....	.....	.....	....	..1.

UNEMPLOYED.								
Too little mind .....	.....	....	....	.....	.....	.....	..8.3	....
Too low spirited.....	.....	....	....	.....	.....	.....	....	....
Aged and infirm.....	.....	....	....	.....	.....	.....	..4.	....
Sick in bed,.....	.....	....	....	.....	.....	.....	12.3	....
Sick .....	.....	....	....	.....	..18.6.	..13...	....	..066
Excited,.....	.....	....	....	.....	..3.33	..1.75	14.3	....
Excited and secluded....	.....	....	....	.....	..066	..1....	....	....
Quiet .....	.....	....	....	.....	..57...	..52...	....	35.3
Able but unwilling,.....	.....	....	....	.....	.....	.....	15.6	....

The numbers given in this table are the averages of patients employed through the year in the asylums of Surry, Sussex, Hampshire and Dorset, and for several specimen days or weeks in the others, and both forenoon and afternoons of all except Cheshire, and of some occupations excepted in the notes. Some of the asylum reports state the reasons of absence from labor, others do not. Some of the reports omit the occupations of the females, and some omit both sexes. But

\* Forenoons only. † Saturdays only. ‡ Afternoons only.



from such as are within reach and state the facts, the following table is deduced, showing the proportion or percentage of all of each sex, that have been induced or were able to engage in any of the employments.

PROPORTION PER CENT. OF THE AVERAGE NUMBER OF PATIENTS EMPLOYED.

Asylum.	Number of years reported.	Percentage of all. males.	females.	Asylum.	Number of years reported.	Percentage of all. males.	females.
Bethlem,...	....5.....	..71..	..68..	Norfolk,...	....1.....	..52..	..79..
Birmingh'm	....9.....	..62.5.	..73..	Prestwick,..	....1.....	..58..	..73..
Bucks, ....	....1.....	..72..	..69..	Rainhill, ...	....7.....	..73..	..70.8.
Cheshire, ..	....3.....	..86..	..65..	Stafford....	....1.....	: 37..	..49..
Colney H'ch	....3.....	..50..	.....	Somerset ..	....1.....	..56..	.....
Devon, ....	....8.....	..77..	..72..	Surry .....	....6.....	..58..	..60..
Edinburgh,	....1.....	..95..	..80..	Sussex .....	....1.....	..68.5.	..77..
Essex .....	....1.....	.....	..42..	Wakefield, .	....1.....	..57..	..71..
Hampshire,	....3.....	..81..	..51..	.....	.....	.....	.....
Lancaster, .	....5.....	..61..	..79..	.....	.....	.....	.....

The average of the fifteen asylums in which the proportion of both sexes employed is stated, is of males 67.2 and of females 69.2 per cent. Each of the thirteen reports of the Wakefield Asylum, from 1849 to 1851, says, "but few at any time unemployed."

The reports of other asylums speak of the employments, frequently specifying some by name, and many give a detailed account of the things that are made and of those that are repaired by the patients, without stating the number or proportion of those that have been at work.

It is the manifest policy of the British managers of the insane to give as much employment as possible to the patients, both for their own good and for the advantage of the asylums. Their reports show that two-thirds of the average insane populations of these institutions are occupied, and that they do most of the work necessary to keep the whole machinery of hospital life agoing, and repair it when necessary. They cultivate the land, make the roads, and shape the grounds; they make and repair furniture, they cook, scour, wash, iron and do all things which the house and household require for their sustenance and comfort. Dr. Holland, Superintendent of the Prestwich Asylum, says, in a letter to the Commissioners in Lunacy, [Rep. viii: p. 131,] "In addition to keeping the stocks

of furniture, bedding, and clothing, three-fifths of the original stock of bedding and clothing, and nearly two-fifths of the original furniture have been made entirely by the attendants and patients, beside which all the repairs of the asylum and a great many important additions and alterations, together with the cultivation of the land and formation of the pleasure grounds and airing courts, were last year executed by the same people, without any external aid whatever." Other reports speak of furniture, bed-steads, tables, chairs, ploughs, wheelbarrows, harrows, forks, &c., made by the patients. Some do even more than to supply their own wants. Staffordshire Asylum supplied another with shoes. The Wakefield Asylum does the washing for a training college. Almost all the furniture, chairs, bed-steads, mattresses, tables, wardrobes, bureaus, almost all needed articles that are usually made in shops were made in the school for idiots at Redhill, for a new insane asylum of about four hundred patients. The inmates of this idiot establishment include some of higher grade of intellect than similar institutions of the United States. Some are apparently not congenital idiots, but demented; some are merely simpletons. But they all, (as others of disordered or imperfect minds,) require teaching and direction; yet that school is provided with a great variety of mechanic shops, and many kinds of articles, some of nice workmanship, are made there.

The pupils in the Massachusetts school for idiots at Boston, make brooms, mats and shoes, which are good of their kind, and find a ready sale in the market, and thus they add something to the income of the establishment.

This system of employing men in the mechanic arts has been so long in operation in Great Britain, that it has ceased to be an experiment, but is accepted as a settled principle, so that the projectors of new asylums, include workshops, in their original plan, and provide them as certainly as they do lodging rooms and kitchens. These shops have become an essential part of the means of managing the patients. Dr. Cleaton, Superintendent of the Rainhill Asylum, near Liverpool, says, "I am fully persuaded that, next to the disuse of mechanical restraint,



the most important of recent improvements in the treatment of the insane, is the extent to which occupation is adopted as an auxiliary to the pharmaceutical remedies." [VIII: Rep. Com. in Lunacy, p. 130.] The influence on the patients, the workers themselves, is of the utmost importance. Those whose minds are sufficiently active, but prone to wander into delusions and indulge in imaginary creations of events and things and their relations, who admit or indulge misconceptions of the world, and dream of matters that have no existence, and those whose minds are morbidly excited, whose emotions are too lively, who are unnaturally elated, buoyant, depressed or perverse, and also the dull, the torpid, who only wish to be left alone, and be allowed to lie almost inanimate on the beds, settees or floors, or crawl into the dark corners, or sit or walk without thought or emotion, who have few or no wants or aspirations, beyond the gratification of mere animal appetites—all of these—almost all classes of the insane and demented and mentally defective, have been found to derive advantage from any regular and continuous employment, especially such as requires a series of successive operations, and more particularly if it requires their mental attention to guide their hands in the performance of their work.

While they are thus engaged, their minds are brought back from their wanderings, or down from their exaltations, or raised up from their groveling, to the common level and course, and applied to the active and sober realities of things which their hands move or effect, and for which they feel some responsibility, and consequently their disturbing emotions are, at least for the time, quieted and easy.

As no two particles of matter can occupy the same point in space, at the same moment, so no two absorbing thoughts or emotions can occupy the mind or heart at the same instant of time. So long, then, as those, whose minds are prone to wander in delusions, are engaged in mechanical or other employments, their thoughts must be given exclusively to the conduct and succession of natural events and real processes; and as the mind can not admit, or be possessed by, both the sane and the insane idea, the insane one must be excluded,

and the sane one reign paramount ; all the mental powers of the worker, which are in action for the moment are sane, and the mental disorder is for the moment, or that succession of moments, suspended. The sanity may be, and probably is, in most cases, broken and interrupted by insane thoughts and emotions. The attention to the work may be, and undoubtedly often is, uncertain and fitful, and interspersed with sudden temporary alternations of order and disorder. The man may look at and think of his shoe, his awl and his hammer, and bring them together for a second, and then let his crazed imagination carry his thoughts away into his delusions, or permit his morbid feelings to take possession of his soul, and absorb him in grief, or hate, or passion, or exuberant joy—but during the time, however short or long it may be, in which he is applying his awl to the leather, and lifting the hammer and striking the blow in the right place and with the intended effect, his mind must be given to the observation of those processes to see that they are conducted according to his plan ; and, of course, his thought is sane, his hands are performing a sane act, the cerebral as well as the muscular movements are of the same character, and so much sanity is thereby developed and manifested.

While the patients are thus occupied, they are relieved of the presence and pressure of irritating causes : they are better satisfied with themselves, for their morbid and distressing feelings are at rest. They are better reconciled to, or at least, they are not at internal war with, others ; their minds are acting and their emotions are flowing, in harmony with whatever they are then resting upon, and with whoever coöperates with them. There is then no jar within, no discord without, and for the instant, they are at peace with themselves and with the world.

The dull, the torpid, the demented, and those who are inclined to dementia, the fools and the foolish, may find some, perhaps great, even very great difficulty in rousing their minds to sufficient action, and giving their thoughts sufficient concentration to attend to and conduct any mechanical processes, and especially such as require continued and persevering attention. Yet



whenever this can be done by the patient alone, or by him with the aid of others, a great point is gained, of giving life and motion to powers that had been dead or dormant, and of developing action and even energy, where passivity and torpor had, in various degrees, prevailed. Dr. Skae, of the Edinburgh Asylum, says, "that those who had done nothing for years, but mutter to themselves and crouch in corners, now sew and knit from morning till night;" and the men whose previous history could be told in the same words, now work at shoe, basket or cabinet making, or other trades, in the shops, their eight or ten hours a day, and seem to enjoy the change, making their hours more pleasant to themselves and their whole lives more easy and comfortable to those who have the care of or associate with them.

These advantages are then, for a time, at least, gained by mechanical and indeed by any other labor—the excited mind is brought down to the even tenor of the natural being and life, so as to be and act in due relation to the discipline and quiet regularity of the moving world and nature. The perverse, the deluded, the vagarious, the whimsical, the crotchety, are led in straighter paths, in connection with their work, and in harmony with those who direct, and those who labor with them. And the inactive and stupid manifest a degree and a kind of life, in mind as well as in body. All these are steps in the progress towards recovery. They are, each one, in its own kind and measure, parts of that health which men and women enjoy abroad, and which the insane all need and desire to regain.

If then, these processes of labor can be repeated and continued, the steps towards health are multiplied, and the gain increases with the power of repetition and continuance. And if still further, the discipline becomes so established, that the excitable have no morbid exaltation of thought or feeling, the depressible no gloomy emotions or apprehensions, the disordered no wild imaginations, and the torpid no mental death, through all the hours of the day, while they are making shoes, sewing clothes, pounding iron, planing boards, weaving baskets or doing other kinds of work, the value of the gain is

without measure for the curable patient, who out of this may pass into a permanence of healthy mental and physical action, and for the incurable, who has thus secured his days of quiescence and regularity of spirit and life and a great alleviation of disturbance and distress, during his other hours of the day and night, when he is not at work.

The effect on the management of the asylums was very manifest; all the officers and attendants spoke of it with unvarying satisfaction. During the day, the patients being mostly in the shops and other places of labor, contented and sanely occupied, require no other care or supervision than that of the foreman or overseer, who is working with them; and when they return to the wards, their excitability having been expended in labor, they are glad to rest, and enjoy the quietness of the house. They feel happier in the thought, that they have done something as other and sane men do, they are therefore better satisfied with themselves and more reconciled to their position; and as they have been practiced to move in concert with things out of themselves and with other men, so their spirits are less subject to restless discord and antagonism with things and people around them. They are then more cheerful, contented, quiet and manageable, in the wards, in the shops, in the fields, and elsewhere, and the whole administration of the asylum finds less obstacles and more coöperation, and does its work with more ease and effect; its influence is more willingly felt, and the means of cure are applied to the disordered mind with more efficiency and success.

This is the result of the experiment in Great Britain, begun more than twenty years ago, and continued, with increasing extent and confidence, ever since. How far it can be adopted in the insane hospitals in the United States, is a matter for the serious consideration of those who have their management in their hands, but certainly it is a matter of intense interest both to those who would administer this great system of charity and science with the greatest ease and effect, and to those who should enjoy every facility of restoration if they



are curable, and every means of diminishing their morbid excitability and distress and of lessening the burden of their disease, if they can not be restored.

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KLEPTOMANIA. BY J. C. BUCKNILL, M. D.

[*From the Journal of Mental Science, July, 1862.*]

THE injudicious defence of two lady thieves on the plea that they were subject to that form of mental unsoundness to which Mathey\* and Marc have given the sounding title of kleptomania, has attracted public attention to this form of mental disease, and has given rise to a considerable amount of written and spoken nonsense upon the subject. Even "our facetious contemporary" has had his jests and his caricatures thereupon, and in the slang of the day, a burglar has become a kleptomaniac, and a prison a kleptomaniac hospital. Alienist physicians have of course received their full share of sarcastic remarks, as theorizers, not over-wise or over-useful to society, who would willingly provide for every crime a decent veil, by referring it to some strange form of mental disease. Now there is such a thing as theft which is the result of mental disease; and also, let us boldly avow our conviction, though we write within the precincts of a mad-house, that there is such a thing as theft which is simply a crime, an attack made by the selfishness of one individual upon the rights of another. Let us even take the broader ground, and avow our profound conviction that insanity and crime are distinct and separate entities, wide as the poles assunder in all instances where their distinctive characters are well marked; although undoubtedly there are instances which are divided by partitions as thin as those which Dryden places between wit and madness, or rather instances in which the qualities of crime and insanity are so intimately combined that the task of analyzing the nature of the act becomes no easy one either to jurist or physician.

\* *Recherches nouvelles sur les maladies de l'esprit.*

The marks of crime, and not of insanity, were so strongly impressed upon the instance above referred to, that it is no wonder the defence of the criminals upon the plea of insanity converted this question of scientific interest into a public jest. Two young women belonging to that class of society which is supposed to entitle them to the designation of ladies, wealthy and high-born ladies, as the paragraph writers say, were detected thieving in a remarkably systematic manner. They go to a shop, examine goods, some of which they pretend to purchase, and order to be sent to a false address, and in the meanwhile they take the opportunity of secreting and stealing other goods. Thefts due to insanity are not perpetrated in this systematic manner, neither do insane thieves usually act in combination; and besides the want of combination, which is a characteristic of the acts of the insane, the chances would be a million to one against two insane thieves finding themselves in sufficient proximity to act thus, even if they were capable of so doing. Such a defence, therefore, in this particular instance, was simply absurd. Moreover, if this defence had succeeded, it might in course of law have resulted in sending the lady thieves to abide release at her Majesty's pleasure in the criminal ward at Bethlem, or at the new State Asylum at Broadmoor when it is opened, an alternative to which a temporary seclusion at Cold Bath Fields might be infinitely preferable. We remember a distinguished judge once advising an injudicious counsel to withdraw the plea of insanity for an offence of no great magnitude, on the ground that it was helping his client out of the frying-pan into the fire. The counsel took the hint, and if we remember rightly, the accused man escaped both doctors and gaolers from want of sufficient evidence. May we not inquire who were the legal advisers of the shop-lifting ladies, whose offence has pointed so many jests, and suggested so much nonsense?

It must be admitted that writers on insanity, and even writers on the jurisprudence of insanity, have not been very successful in describing and defining the characteristics of thieving madness; for they have mixed up in a sad jumble descriptions of the thieving propensities of persons who are



undoubtedly insane, with those of the monomania of theft in which the propensity is the principal indication of an unsound mind, and again, with certain rare, but most curious and interesting cases, the nature of which they have not taken the pains to investigate, and which we believe to be neither allied to insanity nor to crime, but to be a kind of mental and physical *tic* quite unconnected with any idea of appropriating the property of others, which is the very essence of theft. We are inclined to believe that insane thieves are not quite so common as one would at first be led to suppose from the perusal of works of insanity, for although we find writer after writer asserting that thieving is one of the most common symptoms of mental disease, there is a most suspicious resemblance in the examples which they give to illustrate the doctrine. Dr. Daniel Tuke gives the most complete *résumé* of the instances on record, at p. 207 of the 'Manuel of Psychological Medicine;' many, however, of his instances, are taken from Marc, and Marc we find took most of his instances from Gall. We shall append to these observations a translation of Gall's cases, which will perhaps amuse some of those who are best acquainted with works of insanity, and know how to appreciate the amount of original information which they contain. Lavater's thieving physician, has certainly done duty everywhere. In this country he is generally thought to have been a Bristol practitioner, from the way in which he has been appropriated by an able writer from that city. Then there was that funny thief of Vienna, who only stole pots and pans; he is as ubiquitous as the doctor. It must indeed be admitted, that if kleptomania be a common form of insanity, we are sadly in want of new instances to illustrate its phenomena. Yet there ought not to be much difficulty in obtaining such instances, if we may accept what the 'Times' newspaper said a few years ago (April 1855,) when another lady thief was prosecuted for stealing cambric handkerchiefs in a draper's shop. A prosecution was instituted against her, which is said to have been a very bad thing for the man whose goods were stolen. "It would be a bad thing for the coo," said Stephenson, "if she got before the train," and the draper was no more

than a cow standing before the express train of good society which he affronted by prosecuting the lady thief. The 'Times,' on that occasion, delivered itself on the subject of kleptomania in the following terms: "It is an instance of that not very uncommon monomania, which leads persons, otherwise estimable and well conducted, to pilfer articles of a trifling value, in obedience to the impulses of a diseased imagination. The fact is notorious, that many persons of high rank and ample means have been affected with this strange disorder. *Every one who is acquainted with London society could at once furnish a dozen names of ladies who have been notorious for abstracting articles of trifling value from the shops where they habitually dealt.* Their *modus operandi* was so well known, that on their return from their drives, their relatives took care to ascertain the nature of their paltry peculations, inquired from the coachman the houses at which he had been ordered to stop, and, as a matter of course, reimbursed the tradesman to the full value of the pilfered goods. In other cases, a hint was given to the various shopkeepers at whose houses these monomaniacs made their purchases, and they were simply forewarned to notice what was taken away, and to furnish the bill, which was paid for as soon as furnished—and as a matter of course, by the pilferer herself, without any feeling of shame or emotion of any kind."

A very common form of insanity, indeed, this must be, if this be true, that any one in society could at once name a dozen lady kleptomaniacs; but whatever the truth may be as to the wide-spread prevalence of shop-lifting, we disbelieve the prevalence of the insane motive. If it be true that attempts at shop-lifting in London, by so-called ladies, are an affair of every-day occurrence, necessitating the constant employment of vigilance on the part of shop-keepers, to prevent loss which would in the long run and in the aggregate be serious, it accords little with our experience of the insane to hear the motive attributed to mental disease. At the first blush this may seem a most incredible state of affairs. If, for example, you take a model English lady, intellectual, refined, sensitive to the slightest touch of shame, truthful and true,



the centre of a home in which the dearest social affections are nurtured in that modest retirement from publicity and avoidance of parade which are the characteristics of the home of such a person; it seems, nay, it is impossible, that such an one could betray herself to public scorn by perpetration of one of the meanest of crimes. But there is another aspect to this matter. The struggle for existence in the middle, and even in the upper classes of our complex social system, combined with the prevailing fashion of an emulative and showy expenditure, make the sense of want felt keenly in many an English home, where no traces of vulgar poverty are discernible. The really poor steal because they want bread; the relatively poor are tempted to steal because they desire the possession of that which seems, to a mind trained in a bad school, as essential as bread itself. And how are they tempted? How are women, whose education has been one system of skillful parade, who have been trained to derive a vast proportion of their daily happiness from that most personal of the æsthetic arts, the cultivation of dress, how are they tempted to possess themselves of its material? Are they not stimulated to covet its possession by every ingenious device which the mind of man or of woman can devise, by streets of gorgeous shops, touted in every possible manner by the most pertinacious inducements, and almost persecutions to buy, buy, buy; so that it has at last become the custom of the town-bred English women of the present day to spend no inconsiderable portion of her time in passing from shop to emporium, from haberdashery store to magazin de mode, in the discharge of that new and peculiar duty of life called 'shopping.' Can we be surprised that when the means fail to gratify the desires thus stimulated and thus tempted, that in some few instances the desire of the eye should prove too strong for the moral sense? It is painful and humiliating if these things are so, but it is not wonderful that they should be so; and on the whole we can find more pity for the poor woman who purloins a piece of lace, without which she thinks she will be absolutely not fit to be seen, than for the smirking fellow who has caught her in his haberdashery trap by lying

advertisements that he sells for almost next to nothing the very articles she so covets in her desire to make her person agreeable and attractive. The fair thieves whom it would be more true than gallant to consider as an elder kind of children, if pity does not allow them to go scathless, when they steal the gewgaws in which their hearts delight, are punished with crushing and ruinous infamy, to escape from which the imputation of madness has sometimes been considered a welcome refuge.

But what is true kleptomania? Monomania du vol? Diebtrieb? Real stealing insanity? There is a good deal of scattered information on the subject, and yet much remains to be gathered before we understand it well. We appear yet to have scarcely got beyond that early stage in a scientific inquiry which gives us a large generalization. We have found that some people altogether or partially insane, are incorrigible thieves, and we have generalized the fact into the formation of a class of the insane, characterized by this tendency. But if we carefully examine the cases in the category thus formed, we find that they differ essentially from each other, and upon this analytic stage, which is the wider and more important part of the inquiry, psychological writers have scarcely entered. The material for examination is yet scanty, and in this absence of sufficient data these observations are made rather as suggestions of the method of inquiry, than as presenting anything like a satisfactory explanation. Theft is sometimes one of the earliest symptoms of mental disease, and if it were to be so decidedly the earliest symptom that no other indication of insanity existed, it would, of course, be extremely difficult to diagnose the character of the theft as of pathological nature. If it should happen to be the only symptom with which the physician is acquainted, he must necessarily suspend his judgment, for it is not by the perception of one attribute that one thing, even of the most simple character, can be recognized from another, and in matters of complicated science this is still less possible. A man may at night see an object which he remarks to have a round shape, but in the absence of sufficient light he cannot tell whether



it is a disk or a sphere, much less can he tell if it is an apple, or an orange, or a ball of iron ; and so the simple characteristic of theft must needs be illustrated by the qualities of the act, and by the conditions of the actor, before it can be referred to its category of crime, or of disease. One of the conditions we should look for in the act as one of disease, is a want of premeditation and design ; the kleptomaniac does not go to the shop or other place with the intention of committing a theft ; some other motive generally leads him or her into the presence of the temptation. In the good example given by Pritchard, a man of fortune at Scarborough saw a friend and his daughter in a shop, and joined them ; in a short time after, the mercer waited on the father of the lady, and regretted to state that the lady had taken a silk shawl from the counter ; the gentleman denied the charge, and brought the man to his friend's residence, in the hall of which he found the great coat his friend had worn in the morning, and in one of its pockets was the lost shawl, which was delivered to its owner with the remark,—it is one of my friend's peculiarities sometimes to take what does not belong to him—the gentleman died of general paralysis. In this instance we first observe the want of premeditation in the theft, as the poor gentleman was undoubtedly induced to enter the shop by the motive of joining his friends ; secondly, the apparent absence of any intention to appropriate the article stolen ; a man of fortune, he could readily have purchased the article had he really wanted it ; it was moreover an article, though this was an accident in the case, which was by no means likely to excite his cupidity ; he forgot the act as soon as it was done, leaving the shawl in his pocket ; and if at the time, the progress of the disease had left him in the possession of sufficient memory to have had the act recalled to him by the exhibition of the shawl discovered in his coat, he would probably have shown no symptoms of either shame, or regret, or of apprehension of the consequences. These are the notable qualities of this particular act ; but in addition to these, there would, no doubt, on investigation, have been found other signs of the diseased state of

mind of which it was the result. The thief's friend, in apologizing said, to steal was *one* of his peculiarities.

An instance in which the difficulties of diagnosis must have been greater, is recorded by another author. A clerk in a bank was accused of repeated acts of theft. Nearly all the missing money was found at his lodgings carefully concealed in the lining of some old clothes. When accused, he treated the matter with *nonchalance* of so peculiar a character, that suspicion of alienation was expressed by his employers and friends; this suspicion would appear to have been founded upon the manner in which so grave an accusation against him was received, upon his known habits of integrity, and upon the absence of motive, his habits of life being simple, and his means competent. These facts, combined with the important one, that the money when taken was not expended, but left in concealment in the lining of cast-off clothes, were quite sufficient to justify the humane view taken of the case. It was not, however, until after the lapse of two years, that the man was found to be decidedly hallucinated. It would seem probable that if the duty of deciding on the nature of this case had fallen to the lot of harsh or ignorant men, this poor fellow would have been consigned to an earlier grave, through the painful portals of a convict prison. "En effet," says M. Morel, on this very subject, "soit qu'il s'agisse du diagnostic d'une maladie mentale, soit qu'il faille apprécier la criminalité d'un acte, nous ne pouvons rester dans une indécision qui compromette le sort d'un aliéné ou les intérêts sacrés de la justice. La science est assez avancée aujourd'hui pour faire la part de ce qui, dans la généralité des cas, doit être attribué au crime ou à la folie." We entirely agree with this philosophic writer in the claim which he advances for psychological science to distinguish the thefts of the criminal from those of the lunatic *in the generality of cases*. Some cases, however, we think there are, in which the certain knowledge which will alone justify the expression of a positive judgment, can only be attained by waiting for, and watching the progress of events. General paralysis is un-



doubtedly the form of insanity whose incipient stage is most frequently marked by this tendency to commit theft. We are not prepared to say whether the tendency ever develops itself at a period antecedent to the earliest appearance of physical symptoms. Probably it does, but it is a point which deserves to be carefully observed and noted. We have known a general paralytic undergo a six months' imprisonment for a theft which he had committed, and to be discharged from prison without any suspicion having been excited of the existence of mental disorder. On inquiry, it will, we think, probably be found that in a certain number of cases the mental condition which leads to theft, does antedate any degree of muscular tremor, although it is most common for the state of mind in incipient paralysis which results in theft, to be accompanied by physical signs of disease, which a well-instructed alienist will not be liable to overlook or mistake. The mental condition of general paralytics which leads to theft is peculiar and characteristic. The patients do not seem so much to take the things they steal, because they desire to possess them, as because they believe they belong to them, and because they at the same time have lost the mental power of discriminating circumstances. If lunatics of this class do not steal, very often the first sign of disease which alarms the friends is a reckless expenditure, manifesting itself beyond their means and outside of their wants. They buy all manner of inconsistent and needless things, paying or running in debt for them, as the case may be. They do this, or they take the things without the formality of paying or promising to pay for them, from the same state of mental exaltation which leads them to believe that the things do or ought to belong to them; a state of exaltation, which will, on careful inquiry, always be found to be accompanied by the failing power of judgment which is the first step towards dementia and fatuity. "I was once able," says the author above quoted, "to establish the non-responsibility of a patient of this kind, who had stolen, in a church, the ornaments, and the most insignificant objects of ceremonial, and who presented no other system of disease than a marked state of congestion, great self-content

and a silly laugh ; the patient had no delusion, there was only a great intellectual weakness, and the most complete indifference as to the fate which justice would award ; only three or four months after his acquittal an attack of acute mania with delirium of grandeur, trembling of the tongue, and other symptoms of progressive paralysis justified my prognostic." Morel, '*Traité des maladies mentales*,' p. 410.

Simple progressive dementia is another form of disease, the early stages of which are apt to be marked by acts of theft, the patients seeming really to have lost the power to recognize the difference between *neum* and *tuum*, and to steal from stupidity. Hysterical mania, or rather mania in hysterical women, is another form of mental disease, which is often marked by propensity to theft even from its earliest stages, and when other and more decided symptoms of insanity are absent such a case may present one of the most difficult problems which it is possible to propose to the medical jurist. Fortunately merely hysterical people are not very liable to commit crime. With all their gusty passion they are cowardly and circumspect ; but some modification of responsibility would be fairly permitted to the loss of control arising from hysteria, although it would not be a less difficult problem than that arising from hypochondriasis. Both of these diseases are near neighbors to insanity, and both of them are liable to run into it. Whether, however, we should call a certain state of mind hysteria or insanity, would not be the real medico-legal question, but whether a certain act was the uncontrollable result of disease or not. The thieving propensities of hysterical maniacs may illustrate and find illustration from the remarkable fact that women during pregnancy are sometimes afflicted with a desire to steal. Gall says, that he knew four such instances in women who had no such propensity at other times. Perhaps it is difficult for a man to bring the faults of woman in her most womanly state to the test of cold unsympathising reason, and on this account, the caprices of pregnant women are not unlikely to be judged with mitigated severity. Casper, however, the eminent jurist-physician of Berlin, in his work on legal medicine records the details of a case in which he did



not permit himself to be misled by this view of the responsibilities of the weaker sex. We refer to his 204th case, "Theft committed from the pretended caprice of a pregnant woman." Madame de X— had committed thefts in three goldsmith's shops during the last three months of her pregnancy. The day after her acouchment she was summoned to appear before the "procureur royal," to the astonishment of her husband, who informed the judge that "she avowed to me, as if awaking out of a dream, that she had had during her pregnancy an irresistible desire to possess shining objects, especially those of new silver. She had in this manner taken objects from the shops in a state of complete dementia. Another time, she assured me she knew nothing about the matter; and another time, she said, that she had left home with the intention of restoring the articles, but on her way the conviction had come upon her that they were her own property." Madame de X— was said in the depositions to have always been ridiculously vain and coquettish; although, on the other hand her husband said she was gentle, quiet and religious. Much evidence was given to the effect that from the commencement of her pregnancy a change had taken place in her state of mind; she had become absent and careless, and she had manifested the singular desire to possess shining objects; she used to polish copper objects in her house, and play with new money, and she had taken a mother-of-pearl knife and whist-markers from the house of one of her relatives, who observed at the time that she was not right in her head. Medical opinions as to her state of mind being contradictory, the case was referred to Casper. He remarked, that although she was said to have besought her husband not to take her to the houses of her friends where there were shining objects, she chose to go herself, and without any necessity, to the shops of the goldsmiths, where she knew that such objects abounded; and, at these shops, instead of simply taking shining objects, she paid away silver, and then said she wanted nothing; and she broke up the objects which she stole in order to render them unrecognizable. She had each time changed the goldsmith's shop where she went to thief, and had concealed her conduct

from her husband ; and in the interrogations she had made many contradictory and false statements. Casper concluded that the diseased propensity of Madam de X— was not irresistible, that she had not been compelled to commit the three thefts in spite of herself, and that they were criminal actions for which she was responsible. Madame de X— was found guilty. She was separated from her husband, and many years after, and when she was not pregnant, she stole drapery goods from a shop.

In England, or at least in London, Madame de X— would, undoubtedly, have been acquitted, or more probably, she would not have been arraigned. It appears to be a generally accepted medical opinion that pregnant women are subject to *quasi* diseased states of mind, which are apt to lead them to commit thefts and other criminal acts ; but it would not be easy to produce reliable data for this opinion. The exculpatory evidence of a husband in such a case ought to be received with grave suspicion ; indeed, there are plenty of English jurymen who would willingly conclude that a husband's evidence tending to incriminate a pregnant wife was not worthy to be believed.

The opinion of alienist physicians in these dubious cases is worth—well, we will not say what we think it worth. It is at least sometimes heavily paid for. But are we able to produce any definite and reliable information on these cases, the result of unbiassed observation, which is worthy to be accepted by judges of the land as real and true knowledge ? Is not our opinion rather the result of most vague and general impression, founded upon no data which we can produce ?

If we attempt to form something like a classification of insane theft, it will be found convenient, and, on the whole, consistent with fact, to distinguish between—1st, theft arising from perverted intelligence, *i. e.* delusion ; 2nd, theft arising from defective intelligence' *i. e.* from idiocy, imbecility, and dementia ; and, 3rd, theft arising from perverted emotion, as, for example, the caprice of pregnant women, and those cases of supposed irresistible propensity which have been assumed to deserve refuge within the sanctuary limits of mental disease.



About the nature of theft committed under the instigation of insane delusion there can be no doubt. If the law held a man guilty of crime for taking possession of property which he believed to be his own, that belief being the result of insanity, the law itself would be mad.

The nature of thefts of the second category is not always so intelligible. Abstractedly, the nature of a theft committed by a perfect idiot, and by a person of merely weak intelligence, is the same. The theft is committed from want of a due appreciation of the character and consequences of the act. Coleridge said that all rogues were fools with a circum-bendibus. The question in this case will be the amount of folly. If it is so great as to prevent the thief from recognizing the nature and consequences of the act, he must be held innocent of crime; but in this class of cases the question of intelligence, and of consequent responsibility, is of one degree. There must ever be a border-land between sense and folly, in which it will be most difficult to arrive at a right and just judgment.

In the category of insane theft from perverted emotion, our knowledge is all at sea. Whatever we may think of the irresistible nature of thefts by pregnant women, those committed by men and women who are in no exceptional condition of body, and who manifest no other symptoms of insanity than that they steal because they cannot help it, may well be questioned with judicial and scientific severity.

As we have said a large proportion of the cases of kleptomania, or, as Mathey first called it, klopetomania, which are found in works on insanity, have been copied from one another, the original source being Gall's great work 'Sur les Fonctions du Cerveau.' Gall, indeed, set the first example of quotation, for he has himself quoted the whole passage in his fourth volume. These are his words, as they first occur at p. 412 of his first volume :

*"Exaggerated propensity to Theft : destruction of the moral liberty."*

"Victor Amadis the first, King of Sardinia, on all occasions appropriated trifling articles. Saurin, pastor of Geneva,

although imbued with the highest powers of reason and of religion, continually succumbed to the desire of thieving. Another individual, was from his earliest years, a prey to this inclination; he entered the army, for the purpose and with the hope of being restrained by the severity of its discipline, but continuing to steal, he was upon the point of being condemned to be hanged. Always striving to overcome his desire, he studied theology and became a Capuchin. His propensity followed him into the cloister; but as the things he stole were only trifles, he indulged it without disquietude. He took scissors, chandeliers, snuffers, cups and goblets, and carried them into his cell. A government *employé* at Vienna had the singular mania of stealing only household utensils. He hired two rooms wherein to deposit them; he never sold them, nor made any use of them. The wife of the well-known physician Gaubius had so strong an inclination for thieving, that when she made purchases, she always attempted to take something away. The Countesses M—, of Wesel, and J—, of Frankfort, had the same penchant. Madame de N—, had been educated with especial care. Her powers of mind and talents ensured to her a distinguished place in society. But neither her education, nor her rank, exempted her from the irresistible desire to steal. Lavater mentions a medical man who never left the room of his patient without taking something away, and thought no more about it. At night his wife searched his pockets; she found in them keys, scissors, thimbles, knives, spoons, buckles, and needle-cases, and returned them to the proprietors. Moritz, in his ‘*Traité expérimental sur l’âme*,’ relates, with all its details, the history of a thief who had so strong a propensity for theft, that being nigh unto death he stole the snuff-box of his confessor. Dr. Bernard, physician to his Majesty, the King of Bavaria, tells us of an Alsatian of his acquaintance who committed thefts everywhere and at all times, although he had abundance and was not avaricious. He was educated with care, and his vicious propensity had many times brought its punishment. His father enlisted him as a soldier; this means of correction was of no avail. He stole to a great extent and was con-



demned to be hanged. The son of a celebrated *savant* offers another memorable example. He was distinguished from his fellow-students by his talents; but from his tenderest years he stole from his parents, his sister, his servants, his comrades and his professors. He abstracted the most valuable books from his father's library. All means were tried for the correction of his fault; he became a soldier, he oft-times submitted to rigorous chastisement, but all was unavailing. The conduct of this unhappy young man was in other points exemplary; he did not justify his thefts; but if he was remonstrated with on this subject whether in a friendly tone or in a more demonstrative manner, he appeared indifferent, and as one who did not regard what was said.

“The almoner of a regiment of Prussian cuirassiers, a man educated and otherwise endowed with moral qualities, had so decided a propensity to steal, that often on parade he took away the handkerchiefs of the officers. His general greatly esteemed him, but as soon as he appeared, every article was put away with the greatest care, for he had often carried away handkerchiefs, shirts, and even women's stockings. Afterwards, when asked for the articles he had taken, he returned them in good faith. M. Kneisler, director of the prison at Prague, tells us of the wife of a rich merchant who constantly thieved from her husband in the most dexterous manner. They were obliged to confine her in Bridewell. Scarcely was she free when she again thieved, and was confined a second time. Set at liberty, new thefts condemned her to a third detention of greater length than the preceding ones. She even thieved while in the prison. She had contrived with much cleverness an opening in the stove which heated the room which contained the money-chest of the establishment. The repeated thefts she committed on it were observed; for her detection bells were hung upon the doors and windows, but to no avail, but she was effectually scared by pistols which went off instantly when the money-chest was touched, so as to give her no time to retreat by the aperture in the stove. We have seen in the prison of Copenhagen an incorrigible thief, who sometimes distributed his

pilferings among the poor. In another place, a thief who was in confinement for the seventh time, assured us, with sorrow, that it seemed impossible for him to do otherwise than thief. He demanded peremptorily to be kept in prison, and that the authorities should supply him with the means of getting his living.

“It would be easy to cite thousands of like facts, which also serve as proof that the desire of thieving is not always the result of bad education, of laziness, or of poverty, or the absence of good qualities, or even of morality or religion; and this is proved from the fact that petty larcenies are overlooked by the world when they are committed by the rich and polished members of society. Absence of mind is the name given to such thefts. But is not the same craving found in the poor man? Does it then change its nature? Is it changed by the value of the things stolen? The result is the same, and much prudence and experience is needed to decide with exactitude the different degrees of culpability.”

But for what purpose has this great mental physiologist adduced these examples of apparently motiveless theft? Not, certainly, as examples of mental disease, since he states his opinion with his customary precision, that these exaggerated propensities are not “true mental alienation, but rather a partial exaltation, a subjection of the soul, offering an incomprehensible contrast between man and the animal which he bears within him. For the flesh lusteth against the spirit and the spirit against the flesh; and these are contrary the one to the other: so that ye cannot do the things that ye would.” This he observes on the general subject of exaggerated propensity, but that of theft in particular he appears to have no difficulty in referring to the innate qualities of man’s nature. “It is inherent in our nature,” he says. “There are very few persons who, with the hand on the heart, can say that they have never committed a theft, especially if they go back to their infancy. In the majority of men it is needful to combat, without ceasing, this propensity to theft, by powerful motives, by penal laws, by religion,” &c. Between



the propensity as it exists in one man and in another, he observes that "the only difference is one of degree: in one man the propensity is moderated by a happy organization; in another by the influence of education, by the control of habit, or the fear of punishment; but in a third, *the vicious propensity is occasioned by an organ so energetic* that the same motives which have made honest men of others have no influence upon him." Moreover, Gall approves of the legal institutions by which men punish and endeavor to correct this propensity (p. 213, vol. iv;) and altogether it would seem that one of the most illogical things which psychological writers have dared to do, has been to cite the examples which Gall has collected to illustrate theft as arising from the preponderating action of an organ in a healthy brain as examples of theft occasioned by mental disease.

With regard to the motiveless nature of some thefts and the singularly incorrigible character of some thieves, Casper makes some remarks which appear both new and true: "The rare cases which Marc refers to, in which the thief throws away the object stolen, or spontaneously proposes to pay for it, admit of physiological explanation. We do not mean by that very common state of perversity and malignity which may be the cause of some thefts of this kind; what we mean is, that so much tact, address, and courage, are often needful to commit a theft without being discovered, that it is so needful to watch and to seize the right moment, to plan with care and to execute with promptitude, that one can comprehend the great pleasure which is experienced in overcoming such difficulties, and how much so perilous an enterprise, crowned with success, is flattering to the self-approbation of the thief. I am convinced, also, that in some individuals a real attraction is felt in this chase after the property of another. I say chase, for I can compare it to nothing better than the passionate desire to follow a hare or a fox at the hazard of life, or to watch for the prey like fishermen in England, who remain whole days on the water, patiently watching the least movement of their game. I am thoroughly convinced that this emotion is of much force in holding thieves to their mode

of life, and it is in this manner only that we can explain how it is that some of them, after a long imprisonment, immediately recommence to steal, although they well know that a second punishment, more severe than the first, awaits them."

Theft, indeed, while it is by far the most common of crimes, will present, to those who seek for it, a philosophy as interesting as it is important. Let us study it with unprejudiced minds, and not stultify ourselves by wrong-headedly adhering to a narrow professional point of view. The doctors are as willing as Æsop's currier to cry out that there is nothing like leather, and the lawyer's are just as bad. But neither is all crime insanity nor is all insanity crime. Let us strive therefore, to distinguish them with all exactness, even though the effort may make our existing ignorance inconveniently apparent; and for the question of kleptomania let us at least decide so far as at once to decline to make science the handmaiden of crime, by firmly insisting upon other evidence of the existence of mental disease than that afforded by the crime itself.

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ON RECENT PSYCHOLOGICAL LITERATURE. BY  
J. PARIGOT, M. D., HASTINGS-UPON-HUDSON, N. Y. [SECOND  
ARTICLE.]

AFTER some remarks on the different philosophical schools which in our day divide psychopathists, we have, in the preceding article, tried to establish that the human mind is formed of several elements, and presents the *union* of the spiritual, vital, and material principles as the sublime design of Divine Providence in the universe. Our principal object was to prove that, actually, there is no reason to follow recent writers who declare that the first condition of progress in mental medicine is, to separate principles and practice from what is called the metaphysical part of psychology; one of the reasons for not following that counsel appears to be the impossibility to separate and analyze animal plasticity from its dynamics, which give life and intelligence. It is the very object of psychiatry to consider these facts united by the mysterious



links that hold them together, else, man rational or insane, vanishes, and either a corpse remains or a being deprived of reason; nay, this correlation of moral and physical forces must not only be studied in the mind of man, but also in humanity, as being the basis of social science. On that account, the best recent authors on psychiatry have considered the mutual action and reciprocal influence of material and spiritual principles, as the most important part of psychiatry. We believe that an accurate study of these is also the best ground on which to establish a rational method of treating insanity. Is it, besides, possible to deny the correlation and influence of these forces? *Homo duplex* is an axiom. Body and soul, moral and animal life, are easily distinguished; sometimes both principles concur for the same moral object or for a bodily satisfaction, but sometimes, also, they carry on a deadly strife between them. In this contest, one of them must yield or perish. Noble passions, considered as the highest degree of mental activity, may cause the death and loss of pure and honorable men, whilst vices or exaggerated animal passions often extinguish the light of reason. Besides, do we not feel the power of our will over the body, also the pure aspirations of love and charity repulsing and overwhelming selfish interest, and at last, the voice of conscience that sanctions the sacrifice of life for holy, virtuous or patriotic purposes? In the practice of medicine we might mention all those conditions of body and mind acting so strongly on patients, viz: Faith, belief, superstition, hope, confidence, distrust, courage, comfort, temperaments, dyscrasies, &c., &c., which possess the power to effect material changes in the economy without any interference in their action. Lately Doctor Philips, of Paris, presented to the French Medico-Psychological Society, a very interesting paper on the agents which affect the vital principle. The writer puts to himself several questions on *the source, modus operandi*, and *elective action* of specific agents on determined parts of the body, and finds that it is the nervous system that associates vital faculties of certain parts with the specific action of determined substances; now, psychopathists try also to find the moral and physical

agents that are in correlation with the vital and psychical functions of the mind. It is also through the nervous influence that such actions take place, but unfortunately physiology, (not speaking of the localization of mental faculties,) is not yet able to give us reliable information on the special nervous organs to which each function is deputed; for instance, we know the functions of the sensitive and voluntary nerves of the cerebro-spinal system and the reflected action of other nerves which reveal neither volition nor sensation in order to act, but we possess very little information about the functions of the plexuses, nerves and ganglia of the sympathetic system in spite of its connection with the mental functions.

Before going further, we must insist on one point generally neglected by psychological writers, and apparently of little importance: a proper definition of what is to be understood by mind. We conceive that the mind is only the *the bodily manifestation of the soul*; if such definition could be admitted, it would put an end to many difficulties and useless discussions. In that supposition the *mind* participates of all the material conditions and vital sympathies of the body; and though the soul is a free and immaterial essence, the mind, its manifestation, may be afflicted by error, perversion and material disease, because the soul is subject to error and vice, which is a moral disease having the power of troubling the functions of the brain, and because, also, the disease of our mortal frame may in return affect the manifestation of the soul and pervert it. This simple explanation does away with the exclusive theories of spiritualism and somatism. It is, we confess, perhaps as inconceivable as any theory of the union of soul and body; neither is the *modus opeiandi* in its molecular alterations to be explained when we say that thought, feeling, passion or will, destroys the normal functions of the brain; but at all events the results are patent as being in the human economy based on peculiar impulses received by the specific agents of the nervous system. It is thus that we understand how education of the mind, instruction in sciences and arts, even our manual dexterity are all proofs of spiritual agency on organism. In opposition to this result, idiots may be produced by the exclu-



sive development of the gastric system ; (these facts we have witnessed in weak-minded persons bringing up children ;) in one case, the proper nutrition of the brain and development of the mind took place under judicious care, in the other an arrest of nutrition of the brain was produced under a predominant direction of vitality towards instinctive appetites ; every day we may remark mental energy slackened or absorbed by criminal propensities.

Whatever be the philosophical principles adopted by any psychologist, the influence of objects on our senses and mind cannot be denied ; in fact the external world leaves impressions on the mind, and whatever be the power of the subject on their appreciation, the idea or knowledge is certainly the product of action and reaction of matter and spirit.

One of the most curious influences of the external world to be mentioned as acting powerfully on man, is the contemplation of nature ; let the man be sane or insane, it will have its effects on him, though in the latter case the *internal world*, created by a morbid imagination, has made that unfortunate almost insensible to any mental distraction. Humboldt says that not only learned people are sensitive of an infinite feeling that overwhelms the soul under the impression of great sights, as, for instance, are those of immense and boundless plains, forest, campos, heath, deserts or seas, but even the untaught, the rude laborer, &c., are submitted to these powerful impressions. Now this observation of the greatest philosopher of our times is also the base of a *therapeutical truth*, displaying itself since centuries in an ignored spot of also an immense and boundless heath of Belgium. That spot, actually, from the virtue of that therapeutical truth (still a dead letter for many,) is the celebrated GHEEL, the first locality where that continued action of the external world, like a drop of water that perforates granite, produces moral and physical changes in insanity. It is there, also, where the *free-air* treatment, and consequently the *family life* of insane persons was naturally instituted. We shall have many occasions in following papers to detail that treatment in its application to the several forms of recent and chronic

insanity ; now we will record the words of the illustrious Prussian philosopher.

Humboldt says, in his celebrated work *Cosmos*, that entire series of phenomena, under the influence of hidden and totally unknown principles, remain still *to be discovered*. Amongst these are the impression that the soul receives from the external world reflected undoubtedly from the bosom of nature's incommensurable depths, by which changes are effected in our thoughts and feelings. As a therapeutical agent on the mind, he mentions FREE AIR, in the following beautiful words: "The simple contact of man with nature, that influence of the unlimited space (or, as other languages say by a more beautiful and appropriate expression, of *free air*,) gives birth, develops a *calming power* ; by it, pain is diminished and passions calmed when the soul has been agitated even in its deepest recesses. These benefits man receives in any part of the world he inhabits, and whatever may be the degree of intelligence it has been his lot to obtain." We believe that this mysterious influence on man is but the reflection of one ray of the greatness, order, harmony and power of God. Man never loses completely the moral sense of his relation with the creation and the Creator ; the mental faculties may be altered or partly obscured, still the soul feels her greatest relation, the *aperception of God*. We could not explain in another manner the wonderful effect of furious maniacs calmed by their free wandering in solitudes, boundless plains, where we may say they are enveloped by nature, and forced to contemplation and submission. In spite of the German philosophy which may be said to be entirely *idealistic*, that is, depending on the essence of the subject and considering only the external objects as sorts of beings reflected from the subject ; still Hegel said that external phenomena may be, so to say, transferred in our mental faculties ; then the objective world conceived by the mind, is reflected on it and acquires thus a considerable influence. This leads us to consider the curious phenomena of ecstasy and its consequences on the organism ; here animal functions are perverted by strong voluntary images impressed on the mind, and the



accumulation of their effect produces material changes in determined parts of the body. Certainly there is nothing that shows better the reaction of the mind on the body.

In the *Annales Medico-Psychologiques*, of Paris, published in 1855, may be found an article written by M. Alfred Maury, on mystical extatics and stigmatics, (*les mystiques extatiques*,) *et les stigmatises*. Now the desire, or rather the religious passion of the mystic, is well known to be the reunion of the human soul with the spirit of God, our Creator; in other words, to grapple with the Infinite, and they think to have succeeded when they are enabled to throw themselves in a sort of hallucinated state of the mind, in which they see what they imagine, believe, or hope for. Ecstasy obtained artificially is, it appears, the result of various practices; some protestant sects and the catholics resort often to them. In order, however, to produce these curious mental conditions, it is required either to possess nervous debility, to be hysteric, or that the body should be brought to a favorable anemic condition; next come long, fervent and repeated prayers during night and day, fastings, mortifications, despondency and profound meditations; this being done, it is recommended to meditate and to concentrate all faculties on one idea, for instance, the actual possibility of a revelation, the appearance of Christ, the gift of supernatural powers, &c., &c.

We have here to remark how much our moral nature shows its relative dependence to its material frame. All practical psychopathists have seen in their asylums numbers of maniacs and melancholics whose disease was to be ascribed to an exaggeration of the most natural, just and praiseworthy feeling—the religious sentiment that every man feels in his conscience. In the world we may mark and discern those tender and weak consciences ready almost to suffer from insanity, if the slightest trouble, or excitation, or scruple is provoked by violent preaching, unmerited reproaches, minuteness of duties, strong images of hell, and the necessity of knowing one's capacity for ardent prayers, sobbings, exclamations, &c., is quite necessary; for, some people want to be moved by strong evidence, reprehensions, and images; others can not bear any

moral violence without compromising their mental health. Let us be permitted to say that the service of God must be attended with purity and simplicity of devotion, not with exaggeration of any kind; in this way there is a great difference between the humble and simple prayer (the real relation of the soul to its Maker,) and that of fanatics who, most of them, forget that *activity* is the aim of our existence and not a mere contemplative and useless existence.

For our medico-psychological studies it is quite sufficient to know, that a direct excitation of the spiritual part of the mind endangers the whole of it and leads again to the already mentioned deadly strife of the true principles. But that excitation has different stages and produces different effects; there is a sort of gradation between the normal religious feeling and its morbid perversion. Whenever an exaggerated principle, notion or practice is proposed to weak minded, or to untaught and ignorant persons, the influence of those who first started the notion, although great, is often insufficient to the proposed effect; it is but by a process of self-exaltation and delusion that it is obtained. In some cases a continual repetition of certain mental impressions is necessary, and conviction arrives only when the mind has been sufficiently worked up by ascetic processes or urgent prayers. The spiritual error has then taken possession of the soul, and the mind is afflicted by delusions. Many in that state believe themselves illuminated by the spirit of God, that are only laboring under the incipient symptoms of insanity. One might follow the process of fanaticism first by the admission of some religious error, the conviction it produces afterwards, and at last the power it acquires on other balancing faculties or feelings. It is in fact a disease of the brain, produced voluntarily by the subject himself, who has turned his attention to a morbid state concerning some religious point; he has so long brooded over it, that his mental power is entirely incapable of repulsing delusions and hallucinations.

Speaking of heightened and concentrated attention, Dr.



Forbes Winslow says in one of his late works,\* “The attention is occasionally heightened, or in a condition of unhealthy exaltation, as well as of concentration. This is observed when the mind has been continuously, abnormally, and *sometimes* unvoluntarily directed to certain vivid impressions, trains of thought, classes of ideas, *conditions of emotions*, or states of physical sensations.” A little further he continues, “The mind often dwells uninterruptedly upon particular emotions, fixedly upon certain states of thought, continuously upon specific classes of ideas, to the rigid exclusion of matters of healthy consciousness, and sane contemplation, *until it loses all right, or sound appreciation of subjective and objective phenomena.*”

Nothing can be better adapted to our opinion than the words of one of the best writers on psychiatry. A celebrated French writer, Dr. Brierre de Boismont, has published several editions of a very interesting book on Hallucinations. He says that ecstasy is but an over excitement of the nervous system, owing its appearance to fanaticism. But he draws a great line between the *physiological* and the *morbid* hallucination. According to his opinion hallucinated saints and reformers were not insane; if they believed in the reality of their visions it was because their meditations had provoked or excited that state of their mind, and because these visions were in conformity with the spirit and creed of their times. Physiological ecstasy should be, in this case, the highest pitch of enthusiasm—a *supernatural vision*. Dr. Brierre maintains also, that some hallucinated persons are able to reject their visions as spurious, and therefore can not be considered as insane. It may appear difficult to distinguish medically a *physiological* hallucination from a *morbid* one—the only difference to be observed between them depends entirely upon other symptoms which might show the real state of mind.

We have not the least intention to attempt resolving theological questions for which we feel ourselves without any scientific authority; we leave therefore to individual judgment the reality of actual miracles. But wishing only to

\* On Obscure Diseases of the Brain.

ascertain what is the power of the idea on the body, we will consider the physiological conditions of ecstasy and stigmata, as we find them described in M. A. Maury's paper.

M. Maury, actually a member of the highest scientific body of France, the Institute, gives the most curious and instructive relation of a great number of mystics, beginning with the case of St. Francis, of Assiz, a monk celebrated for his sanctity, who believed himself to have been ordered by God to imitate the divine passion. After a long ecstasy, he is said to have experienced a great trouble in his bodily constitution, and painful sensations in his hands and feet, followed by congestions and ulcerations resembling the stigmata of the Cross. A friar of his order wrote a book on this miracle, the dedication of which was the following: *Deo homini et Beato Francisco, Utrique crucifixo*. As it happens at certain epochs, when delusions prevail, St. Francis had many imitators; numbers of monks and nuns declaring themselves marked by stigmata. It appears even, that the Dominican friars, jealous of the influence of the Franciscans, were soon enabled to bring before the public a nun belonging to their order, St. Catharine, who was favored by all the marks of crucifixion and even of those made by the spiky crown, which St. Francis had not. Until this day, we still hear of numerous recent miracles in catholic countries, very likely performed before hallucinated persons situated in a peculiar predicament.

All these difficult and intriguing questions about ecstasy, stigmata and recent miracles might be summed up in a few words. For those persons who are able to read and understand, or, if we may say so, to grasp *the spirit* of the holy scriptures, nothing prevents them to differentiate real miracles of the first period of christianity from recent religious hallucinations, however pure they may be of any hypocrisy or malice; neither can real miracles be confounded, as some have imagined, with the delusions of mesmerism, rapping spirits, &c. The number of errors of mind and of senses to which man is subject from his infancy to his last day is innumerable; books and journals on psychiatry are filled with the most extraordinary and incredible accounts of visions,



foretellings, and second-sights. What does it prove? that the spiritual part of our mind is in a state of over excitation in some cases, that our mind may be strongly affected by ideas, emotions, prejudices, customs, and may be even contaminated by general causes of error. All these conditions, in which the public mind may find itself, form a sort of moral atmosphere special to an epoch, and create peculiar social influences acting on each individuality. Now, such moral atmosphere must act very strongly on the material part of mind and body; hence, a disposition to many errors—for instance, to believe in strange facts and *to see them*. Dreams, reveries, fancies, images and hallucinations are in such case exceedingly common; and all that may be, certainly, considered as incipient forms of delusions, leading to insanity, if reason and self-control do not oppose them. But there are, as we have said already, many grades of mental error and consequently a proportionate degree of material change attached to them. The great qualities, virtues, heroic deeds and sublime writings of persons who have suffered from hallucinations under the moral influence of the times they lived in, were still consistent with the power of control; else they would have been acknowledged for insane or taken for sorcerers, and then positive signs of insanity should have appeared and decided the case.

For us the stigmata are, in common with many other curious influences of natural inheritance and signs developed during pregnancy, the result of a mysterious action on the organism by a constant act and energy of volition and imagination. In these cases the soul concentrates itself in the will, the whole organism is out of order, and partial congestions may take place in that morbid state of vitality.

As for miracles, we leave the question to persons better qualified to solve their mystery; but, at all events, we may ask whether they are well observed facts, since the following formula has been adopted by the divines of the most absolute church of Christianity—*a naturâ multa, plura ficta, & demone nulla*.

The necessary consequences of such influence of the spiritual

component of the mind over the vital and material part of the organism is that the great advantages and efficiency of the moral treatment are patent. We do not believe that such method consists only in *opposing* the pre-occupation of delusions by ideas generated during useful occupations or recreations—the moral treatment of man, when sane, is education; when insane it consists in a special education for the case and reformation obtained by the will of the patient himself.

Let us remark that under the name of *moral treatment of insanity* is understood by the generality of physicians everything that is not properly pharmaceutical or material; but considering the effect of some medicines on the ideas of insane, might they not be considered as moral agents? Thus, all external circumstances of treatment are recorded as moral, for instance, travels, free air, restraint, the use of instruments, are conceived to be moral means in relation to their effect on the mind. Such a view of moral treatment brings a great deal of confusion. If medical men admit only matter as existing and consider forces as incidental properties, it is clear they will give a preponderance to material means, its moral effects are for them subordinate and uncertain. If physicians are pure idealists, admitting only the spirit as something real in nature and consider matter as an objective representation of mental intuition, then every means however material and cruel is but secondary in importance; the aim being moral, everything appears good to obtain it.

In how far chronic alterations of the body or its disorganizations can be relieved by pure moral means, is a question practice has long answered. In our opinion, moral treatment is most active and effectual when the patient, having been brought to a certain state of physical restoration of health, is enabled to react himself, voluntarily, against his fixed ideas, delusions, or perversion of will. We believe, for instance, that the so-called *free-air* treatment is but a favorable and necessary circumstance for a therapeutical plan of curing an insane person, and think that the family life creates the atmosphere in which a proper moral treatment can be employ-



ed. The reason of this is simple ; the moral atmosphere of a family, in which one insane is admitted, is sane, and as strong at least, as four is to one. Thus its influence works quietly and constantly on the patient, who at last is enabled to observe for and control himself.

The physiological principle upon which a system of mental therapeutics is possible, is that sanity depends on the normal functions accomplished by the brain. Now the interruption of those functions being the result of the want of proper nutrition, healthy stimulation and repose of that organ, it is first required to restore these conditions, in order to set in operation its healthy dynamics.

From the remotest antiquity moral and physical means were conjointly employed to cure insanity. This was naturally the first idea where such disease developed itself, and people tried to cure it.

The Egyptian Priests, (as in our days the intelligent peasant and kind special nurse of Gheel, Belgium,) set their patients at liberty to operate on their body and mind. It appears that these priests occupied an island on which everything was prepared to satisfy bodily wants and gratify the mind. They bathed the new comer, crowned him with flowers, and conducted him to the temple, singing hymns. The religious ceremonies were grand and touching ; in fact it was for those times the best hygienic and moral treatment that could be thought of. Therefore there is no wonder that many cures should have been effected, even in the absence of proper medical care. It is reported also, that Esculapius submitted insane patients to a sort of new education. They were obliged, at least, to hear if they could not learn poems by heart, to assist at plays, and to exercise the body by hunting and gymnastics.

The general idea of Hippocrates about insanity is, that it is to be attributed to the predominance of *atra bilis*, therefore, he recommends the use of hellebore, as the best substance able to remove it. From all his other remarks and true considerations, we may conclude that he is really the first man who directed the employment of pharmaceutical means in

insanity; still the mode of treating lunatics and the ceremonies probably employed whilst this drug was given, may lead us to infer that Hippocrates appreciated the influence of the mind on the body. Celsus is the first physician, it appears, who employed violent means to cure delusions. He recommended hunger, beating and mechanical restraint. Coelius employed the hygienic treatment partly, and sometimes violence. From the time of Galen, the last spiritualist of antiquity, the so-called chemical school closed the era of moral treatment. From that time, as we said in the first part of this paper, it was only a century and a half ago that insanity was again considered under its two-fold principles. Stahl restored the study of man on its real psychological basis.

In our times moral treatment has been a little out of favor, on account of the theory of the celebrated Leuret, who went so far as to employ the douche and cold effusions to remedy the wrong notions of the demented. On other occasions, however, Leuret employed also, persuasion and promises of reward to encourage self-control; besides, he declares in his *treatise on moral treatment*, that his method is not to be applied to those cases in which nervous symptoms are best treated by medicines. Moral treatment, says he, is subordinated to the material state of the patient, and therefore inapplicable to demented paralytics, monomaniacs, or maniacs.

For us, we think that it is first necessary to combat the material disorders accompanying insanity, to diminish or displace sympathetic affections of the brain or those directly attacking its substance before attempting to act on the psychological functions. But we understand very well the objections made to a moral treatment which consisted in *ducking* the patients till almost suffocated, or in *beating in* some good reasons, or employing the *douche*, one of the most cruel and dangerous practices employed anciently.

Supposing now that all the conditions of a good hygienic and therapeutical treatment have been employed, the question remains to be solved, how moral treatment without violence could be employed with a patient who, by natural or morbid disposition, should be hostile to his physicians, or the



persons that surround him. Here again we have to mention the very curious example and daily practice of the Gheel population. We have hundreds of times seen, and can testify as the first Superintendent of that colony of lunatics, that we observed the peasants never attempted to oppose by reason or objections, the morbid mental symptoms of our patients; they only appeared to care to develop, first, the kind feelings of their inmate, then to encourage his setting to work with them. During that process they tried to foster, to elicit reason in the intelligence of what they call *their dear friends, the insane*.

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SHAKSPEARE'S DELINEATIONS OF MENTAL IMBECILITY AS EXHIBITED IN HIS FOOLS AND CLOWNS. By A. O. KELLOGG, M. D., Assistant Physician State Asylum, Utica, N. Y.

CALIBAN.—This is a character of the poet which we have always been taught to regard as out of the range or circle of ordinary humanity, something *infra-human*, a being as much below the common standard of humanity as Ariel and some others are above it; an opinion based upon the same ground as that which in times passed, placed the insane among the possessed of devils, and altogether out of the pale of ordinary humanity, and consequently belonging to a class of beings not to be governed by humane laws, but whom, in the language of Prospero, “stripes may move, not kindness.” *Gorillas*, perhaps, not *gifted* with language, but *taught* to speak like some of the inferior creatures, and whose exact position in the scale of being naturalists have not yet fully determined—he says to Prospero

“You taught me language; and my profit on’t  
Is, I know how to curse.”

By the poet he is designated as a “savage and deformed slave.” His physical deformities, as is ever the case, render him an object of loathing and disgust to the unthinking and unfeeling, while his ignorance and mental imbecility make

him the sport of all superior intelligences, and the tortured slave of their cruelty and inhumanity. Like most degraded and ignorant imbeciles, he is vindictive and revengeful. He never forgets the wrongs inflicted upon him by his torturing enemies, yet for those who treat him kindly and considerately, he manifests, like the lower creatures, a genuine affection, and is ever ready to serve and requite them by every means his instinctive ingenuity can suggest. While Prospero treated him kindly, he could appreciate it and love him in return.

*Caliban.* When thou com'st here first  
 Thou strok'dst me and made much of me; wouldst give me  
 Water with berries in't, and teach me how  
 To name the bigger light, and how the less,  
 That burn by day and night, *and then I lov'd thee,*  
 And showed thee all the qualities of the isle,  
 The fresh springs, brine-pits, barren places and fertile.

But upon Prospero, the tyrant, who, not without some shadow of excuse from the brutal conduct of the creature, has made him a beast of burden, and whom Caliban supposes, in his ignorance and weakness, capable of tormenting him by his black and mysterious art, he vents fearfully his deepest curses.

*Caliban.* As wicked dew as e'er my mother brushed  
 With raven feather from unwholesome fen  
 Drop on you both! a south west wind blow on ye,  
 And blister you all o'er, \* \* \* all the charms  
 Of Sycorax, toads, beetles, bats, light on ye, \* \* \*  
 The red plague rid you, for learning me your language.

In the character of Caliban, it has sometimes struck us that the poet, in his contemplations of the chain of being, might have intended to shadow forth one of the gradations through which the human intellect may have been destined to pass, in its gradual progress upwards from a state of degradation, characteristic of the intellectual life of inferior orders in the universe. In the progress of human society we may observe the successive steps from the rudest and most uncultivated states, up to the highest refinements of civilization. From brute to man, and from man to a yet higher order of intelligences,



unseen, yet revealed, is but a gradation of being, and the lessons of humility taught by the contemplation of our connection with one extremity of the chain, are accompanied with the glowing aspirations inseparable from our connection with the other.

Our poet has taken upon himself to exhibit not only the intermediate links, but others, not many removes from both terminations of this great chain of beings. If the poet himself—if Hamlet and some of the higher creations of his genius, seem to exhibit unto us something we feel almost constrained to regard as superhuman, and belonging to a higher order of intelligences, although allied to our common humanity, revealing unto us, as it were, the last and uppermost link in this great chain which binds our humanity to the throne of the Eternal,—Caliban, if not the connecting link in the lower extremity, is certainly not many removes from it. His physical deformity is so great that he barely approaches the status of humanity. Prospero speaks of him as a Tortoise, and when Trinculio first encounters him, he seems to doubt where to place him in the scale of beings.

*Trunculio.* What have we here, a man or a fish? he smells like a fish: a very ancient and fish-like smell: a kind of, not of the newest, Poor-John. A strange fish! legged like a man! and his fins like arms! I do now let loose my opinion, hold it no longer; this is no fish, but an islander that hath lately suffered by a thunderbolt.

Comparisons between men and beasts, as is known, have been made in the earliest times, even in those of Moses. Socrates, the wise philosopher of antiquity, says, satirically, “between the most uncultivated of men and the brute beast, there is but a slight difference;” and further, “man is a fair blooming animal with his surroundings poisoned.” Plato, who has penetrated deeply into the intellectual life of animals, says, “Man has the same brutish lusts in his spirit as are possessed by animals;” and he speaks of man as a tamed beast, who, under proper culture, is the most God-like of tame animals, but who, under bad breeding, becomes the wildest.

In the character of Caliban, we have a painful exhibition

of a combination of beastliness and a type of human imbecility and degradation, though not of that low form characteristic of idiocy or cretinism, rendering the individual quite irresponsible for his conduct.

About the first of his acts set forth, is his attempt upon the innocence of Miranda, and for which the only regret he exhibits is, that he was foiled by her father in the accomplishment of his diabolical purpose, and this is apparently the only act that can be brought forward in justification of the harsh and cruel treatment of Prospero, who is represented to have been so much incensed by this act of the man-beast, that he brings the full force of his dark and mysterious art to bear in tormenting him, and further punishes him by making him a beast of burden. The degree of mental and moral capacity which, as we have said before, makes him responsible for his acts, renders him also conscious and appreciative of both kindness and cruelty. We feel that much more might have been made of him but for those "poisoned surroundings," spoken of by Socrates, which have ever encompassed his path, dwarfing and warping his mental, moral and physical capacities. Prospero says, in allusion to the condition in which he found him, when first cast upon the island,

"I pitied thee, took pains to *make thee speak*, taught thee each hour one thing or other when thou did'st not, savage, know thine own meaning, but would'st gabble like a thing most brutish. I *endowed thy purposes with words*, that made them known. But thy vile race, though thou did'st learn, had that in't which good natures could not bide to be with."

If we were allowed to judge Caliban by the light of modern science, we might perhaps say that, like many of ignorant, imbecile and perverted minds, he appears to have suffered from and been influenced by his delusions or hallucinations, which give rise to the language used below, in speaking of the supposed vexings of Prospero's tormenting spirits, and which evidently appear to him in the light of most disagreeable and painful realities.



*Caliban.*

His spirits hear me

And yet I needs must curse, but they'll nor pinch,  
Fright me with urchin shows, pitch me i' the mire,  
Nor lead me, like a fire brand in the dark,  
Out of my way, unless he bid them, but  
For every trifle are they set upon me ;  
Sometimes like apes that moe and chatter at me,  
And after bite me, then like hedgehogs which  
Lie tumbling in my barefoot way, and mount  
Their pricks at my foot fall ; sometimes am I  
All wound with adders who, with cloven tongues,  
Do hiss me into madness.

When he first meets with Stephano and Trinculio, he regards them as the cruel emissaries of his master, Prospero, and appears to expect from them only the same tormenting unkindness he has been accustomed to receive. His first impulse is that of craven animal fear, which prompts him to seek to escape observation. When discovered, he calls out repeatedly to these supposed spiritual emissaries of his master not to be tormented.

“ Do not torment me, pr'ythee,  
I'll bring my wood home faster.”

But he is quite mistaken in the characters he now has to deal with, and the great psychological remedies, kindness and forbearance, are brought into requisition in taming him, and their never-failing potency is soon apparent in rendering him quite docile. Stephano, the jolly butler, aside from his philanthropy, is a far better medical psychologist than the great Prospero, with all his magic art. The butler soon recognizes his condition, and his universal and all-potent remedy, the *bottle*, with other “ appliances and means to boot,” is brought to bear successfully in taming and treating the man-monster.

*Stephano.* He is in his fit now and does not talk after the wisest, he shall taste of my bottle, if he have never drank wine before, it will go near to remove his fit. If I can recover him and keep him tame, I will not take too much for him.

The never-failing influence of kindness and humane treatment, is soon apparent. His fears are quieted, and his confidence, as is apparent in the language which follows, is partially,

if not wholly secured, and the wonder and astonishment he manifests at the treatment he receives, so unlike anything he has ever been accustomed to, has been witnessed in hundreds of instances by the humane and philanthropic, in their intercourse with such degraded beings, whether savage, imbecile or insane :

*Caliban.* Thou dost me yet but little hurt,  
Thou wilt anon, I know it by thy trembling.

Stephano perseveres in the use of his remedies, both material and psychological, with full confidence in their efficacy :

*Stephano.* Come on your ways, open your mouth, here is that which will give language to you, eat, open your mouth, this will shake your shaking, I can tell you, and that soundly, you cannot tell who is your friend, open your chaps again.

The means work out the desired effects, and their potency is soon apparent in the change wrought upon Caliban, who now begins to appreciate them fully :

*Caliban.* These be fine things and if they be not spirits, that's a brave god and bears celestial liquor. I will kneel to him. I'll swear upon *that bottle* to be thy true subject, *for the liquor is not earthly*.

As his blood warms up under the influence of the kindness and the wine of the benevolent butler, he comes to regard his benefactor as something superhuman, and the manner in which Stephano humors the delusion of the creature is laughably characteristic and ludicrous :

*Cal.* Hast thou not dropt from heaven ?

*Steph.* Out of the moon I do assure thee. I was the man in the moon when time was.

*Cal.* I have seen thee in her, and I do adore thee. My mistress showed me thee, and thy dog and bush.

Like all savages when first made acquainted with the bottle, he takes kindly to it, though the language used towards Stephano seems as much prompted by the humane treatment he has received at his hands as from the liberal potations the butler has thrust down his throat. Whatever influence the drink may have had upon him, it is abundantly evident that, like almost



every creature, however degraded, he is not unsusceptible to kind and considerate treatment ; and, not unlike many of the lower animals, when moved by kindness, he takes every means his ingenuity can suggest, to show his gratitude. Mark how the exuberance of his gratitude is poured out in what follows. How characteristic is the thought and feeling, and the language used in giving utterance to it !

*Caliban.* I'll show thee every fertile inch of the island, \* \*  
 I will kiss thy foot, I pry thee be my God, \* \*  
 I'll show thee the best springs, I'll pluck thee berries,  
 I'll fish for thee, and get thee wood enough,  
 A plague upon the tyrant that I serve !  
 I'll bear him no more sticks, but follow thee  
 Thou wondrous man.  
 I pry thee let me bring thee where crabs grow,  
 And I, with my long nails, will dig thee pig-nuts,  
 Show thee a jay's nest, and instruct thee how  
 To snare the nimble marmozet. I'll bring thee  
 To clustering filberds, and sometimes I'll get thee  
 Young scamels from the rock.

Caliban is by no means the monstrous offspring of the poet's imagination he is sometimes supposed,—an evolution of the superfecundity of his genius. Those who, like the writer, have spent a portion of their lives in the slave States of America, now in rebellion, will remember to have met more than once with individuals quite similar to Caliban in many respects, if not identical with him, among the lower grades of plantation slaves. The personal appearance, conduct, mental and moral character of many of the “contrabands” of Fortress Monroe and Port Royal, as set forth by the correspondents of the northern press, show that Caliban has many representatives in real life, held in bondage by the “chivalry” of the South, and the boasted affection of these modern Calibans of the actual and the present, for their masters, and their readiness to fight for them, as has been abundantly shown, is about as great as that of the Caliban of the poet for his tormenting master Prospero. The parallel between the conduct of some of the “contrabands” at Beaufort, after their rebellious masters had fled and left them “a law unto themselves,” and that of Caliban when he finds himself free from *his* master, and

seeks to attach himself to Stephano as they sought to attach themselves to their liberators, is very marked, and must be apparent to every one. The savage and uncultivated nature of both, made desperate by years of degrading and abusive servitude, shows itself in the outrages they are ready to commit, when suffered to act unrestrained by the superior intelligences, that have enslaved them and made them beasts of burden.

*Cal.* I am subject to a tyrant, a sorcerer,  
That by his cunning has cheated me of this island.

Like Caliban, the lower and more ignorant orders of the blacks of the South, are proverbial for a firm belief in magic, sorcery and the machinations of a real personal devil, who “goes about like a roaring lion” seeking to devour them, soul and body :

*Caliban.* I say by sorcery he got this isle,  
From me he got it, if thy greatness will  
Revenge it on him, thou shalt be lord of it, and  
I'll serve thee. \* \*  
I'll yield him thee asleep when thou mayest knock a nail into his head, \*  
'Tis a custom with him i' the afternoon to sleep, then thou mayest  
brain him.

The dark Calibans of the cotton plantations, cheated of all by the “chivalrous” Prosperos of the South, do not appear to have lived up to the Christian principle of loving their enemies much more closely than the Caliban of the poet, notwithstanding the Christian claims set up so ostentatiously by their oppressors, that they would fight for them ; and if love for their masters doth so greatly abound, it has been sufficiently shown that they have a very savage way of manifesting the same.

How *they* love their masters is quite apparent, we conceive, from the subjoined extracts respecting the conduct of the slaves after the desertion of Beaufort, which we are tempted to bring forward here to complete the parallel.

“We went through spacious houses,” says the correspondent of the New York Tribune, “where only a week ago families were living in luxury, and saw their costly furniture despoiled,



books and papers thrown out upon the floor, mirrors broken, safes smashed, pianos on the side walks, feather beds ripped open, and even the filth of the negroes left lying in parlors and bed chambers. The destruction had been wanton, in many instances no purposes of plunder could have been served, but simply a malicious love for mischief gratified. Entirely of their own accord the negroes perpetrated these enormities. We looked through the rooms so ruthlessly devastated and so sadly changed, out on the luxuriant gardens, blooming with tropical plants and redolent with unfamiliar fragrance, and saw the November sun shining on a landscape as warm and genial as our Northern fields in June. The slaves had in many instances been shot at by their masters for refusing to follow them." "There can hardly be a doubt," continues this correspondent, that the whole slave population, in this vicinity, is ready at least to desert its masters,—is not only ready and determined to do so, but has done so already by thousands. It is not yet a week since this battle, one of whose results is so tremendous."

The following from the correspondence of the New York Herald, renders the parallel between these Southern Calibans and the Caliban of our poet still more striking. Read the language of the latter after he attaches himself to Stephano, and witness his joy in the idea of being free from his tormenting master, and then the following from this correspondent :

Contraband slaves still flock into the camp, and find profitable employment and plenty to eat from the representatives of the United States. It is highly amusing to see these poor creatures after their day's work, give expression to their exuberant spirits at the change in their condition from that of animals to that of human beings. At night, groups of them gather together, they sing and dance and otherwise enjoy themselves and seem grateful to our troops for their unexpected delivery from the hands of their tyrant masters.

*Caliban.* I'll fish for thee and get thee wood enough,  
A plague upon the tyrant that I serve !  
I'll bear him no more sticks, but follow thee  
Thou wonderous man.

The further consideration of this parallelism between the savage of the poet's imagination and the real Calibans of the actual and the present, would open an interesting chapter in comparative psychology, a subject which is now beginning to attract the serious attention of the mental and moral philosopher, and from the further development of which we venture to predict the most interesting and important results. Here also the poet has pointed the road and has himself led the way, leaving his footprints further in the direction yet to be trod, than any other who has undertaken the journey. Our great bard has something applicable to all conceivable circumstances, he has written for all time, past, present and to come. His was not only "a mind reflecting ages past," but it was also one "to outrun hasty time," penetrate the mysteries of ages yet to come and discover what lays hid in the "deep, dusky dungeons" of futurity, and we can not conceive that the evolution of the great Platonic year would find him obsolete, but still unexhausted and inexhaustable.

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2. *Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, C. W.* For the year 1861.
3. *Annual Statement of the Guardians for the Relief and Employment of the Poor of the city of Philadelphia.* For the year 1861.
4. *Twenty-Third Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum.* For the year 1861.



5. *Seventh Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum.* For the year 1861.
6. *Seventh Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum.* For the year 1861.
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8. *Annual Report of the Officers of the Indiana Hospital for the Insane.* For year ending October 31, 1861.
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At the close of the twenty-first year since its opening, the Trustees of the New Hampshire Asylum take occasion to notice its history to the present time. After six years of persevering effort, by the advocates of an Asylum, before the Legislature and the public, at length, in June 1838, a charter was obtained. The Asylum was opened for patients, October 29, 1842, under Dr. George Chandler, as Medical Superintendent. Dr. Andrew McFarland succeeded Dr. Chandler in 1845, and remained in office almost seven years. At his resignation, in 1852, Dr. John E. Tyler was appointed to the office, which he held until 1857, when he resigned and was succeeded by the present Superintendent, Dr. J. P. Bancroft.

This Asylum has been more highly favored than most State institutions in the legacies it has received. Upwards of thirty-seven thousand dollars invested as a permanent fund for its use, have been derived from this source, and several large bequests have been appropriated for the construction of additional wings to the building.

188 patients remained under treatment, at the close of the fiscal year, during which 86 had been admitted, and 94 dis-

charged, of the latter number, 41 were recovered, 32 improved, 8 unimproved, and 13 died.

2. A new building, styled the Orrillia Branch, has been opened for patients in connection with the Toronto Asylum, and the former Malden Branch, with 199 patients, has been made an independent institution, having seven counties assigned to it.

On the subject of suicidal and religious insanity, Dr. Workman writes as follows :

“The past year has been the most fearful in the annals of this Asylum as regards the number of suicidal patients admitted. No less than 53 of the 204 have been certified to be suicidal. When these were added to the number of the same class, remaining from former years’ admissions, it may well be supposed that the officers and servants of the institution have had upon them an awful responsibility, and a heavy load of anxiety.

“I think I am warranted in regarding this unwonted manifestation of insane propensity as an epidemic visitation ; at all events, I trust it will prove exceptional. The malady has presented itself under strongly marked religious complexion ; yet it has differed from the sporadic suicidal insanity of other years, in the fact that it has shown no incidental partiality. It has neither known distinction of creed nor of nationality ; and although the religious delirium or delusions, associated with it, may have found expression in diversified phraseology, yet the generic underlying mental error has been the same in all. They all believed they had committed unpardonable sin.

“The disease prevailed chiefly throughout the Summer months. In the four months preceding May, only 9 cases were received ; and in the three since September, only 7 have come in. In the other 5 months the number amounted to 57.

“Insanity, developed by the excitement, which, in this country, accompanies religious commotions, or as they are usually termed, *revivals*, has been a malady with which I have had some acquaintance. It certainly is both troublesome and distressing ; yet how willingly would I, last year, have made exchange. One case of suicidal religious despair, causes more dread, and requires more watching, than a score of the high-pressure revival cases. Looking calmly back on the terrible period through which we have passed, and endeavoring to reach some solution of the question as to the cause



of the epidemic, I feel inclined to the opinion, that notwithstanding all that has been said and written against religious commotions, and notwithstanding the apprehension with which, in common with all asylum physicians, I regard their invasion, they are wants of our religious nature, and they may subserve great purposes in the progress and regulation of society.

“It is certain they are not *new* spiritual phenomena. No period in the history of Christianity has been without them, and their prevalence has not been confined to Christians only.

“The number of cases of suicidal religious despair, which, last Summer found refuge in this Asylum, may have been but a trivial per centage of the aggregate of religious anxiety, which the Province embraced. Who would venture to assert that the awakening power which signalizes the religious revival must have proved injurious to the morbid condition in which the general mind was probably involved? Many a wretch, brooding over the horrid conviction of utter unworthiness and condemnation, might have been visited by a brighter light, and have rejoiced in consciousness of pardon to that indefinable sin, which before, he believed to be beyond God’s powers of pardon. The tides of human mind are no less stupendous, and no less mysteriously governed than the tides of ocean. Individual rational influences may accomplish little; but the contagious fervor of a mental popular commotion, seems capable of transforming man’s whole nature, and, at least temporarily, suspending the operations of conscience itself. Who will reason the religious maniac out of his despair? But who can say what a different being he might become, if, lifted from the brim of the pit over which he cowers, and borne away on the heaving wave of a heaven-soaring popular religious commotion? It may be said this would not cure his insanity; but if it would take away his suicidal tendency, that would do for me.

“To be just with religious epidemics, we should record, not alone the evil they seem to produce, but also that which they may prevent. Insanity occasionally arises from these agencies; but has any one recorded the number of cases of the malady, which they may have prevented?

“I hardly believe that religion is capable of upsetting any sound mind; I certainly have seen a great many unsound ones soothed and benefited by it; though not, indeed, by the expounding of its recondite or incomprehensible doctrines. There may, indeed, be minds so peculiarly constituted, as to

be susceptible of insane impression only through religious excitement; but I apprehend their number is limited. The mind which religion upsets, might, I think, as readily yield to any other form of disturbance. It is a slight work to develope insanity where it is latent; and where it is not so, mental troubles and toils will wear out the body before exhausting reason.

“Would it not, however, be prudent for those who are entrusted with the religious instruction of society, to make themselves more intimately acquainted with the requirements of that class of their hearers, whose morbid tendencies may be destructively operated on by daring flights of doctrinal exposition, in the regions of unfathomability?

“The preacher may entice his auditory into deep waters, where all can not swim; and where he leaves them, some may sink. It is a noble and Christian work, in an asylum, to restore to reason a suicidal maniac. It would still be a better work to save him from becoming insane. Sending the victims to the asylum gets them out of sight; and I have often thought it also puts them out of mind. It is wonderful how little such unfortunate people seem to be thought of, by those who have been mainly contributive to their sufferings. This is to be regretted; for I believe that no man, with any heart in him, would persist in the destructive course, were he to make himself familiar with its results, as exhibited in a lunatic asylum. The evil is great and terrible, and did I not say so, I should be unworthy of the position which I occupy.”

We believe with Dr. W. that, destructive as these religious epidemics appear when their most striking results are brought together in the focus of a lunatic asylum, they have their useful office in the complex system of spiritual dynamics. They are the storms which come to purify the moral atmosphere, convulsing human nature to its depths, uprooting and destroying whatever is hopelessly affected by sin and disease, and stimulating its vigorous and healthy elements to a larger growth. It is safe to say, also, that religion is probably not “capable of upsetting any sound mind.” But neither is it to be believed that grief, or domestic trouble, or any other of the numerous moral causes to which mental disorder is attributed, are alone competent to produce insanity in one sound in body and mind. The fact is, no doubt, that considerations arising in the belief of what are generally accepted as religious



truths—strong desires, doubts and fears concerning spiritual welfare—do produce insanity, as other disturbing causes produce their effects. It might be easily shown, too, that the dogmas which are at the foundation of religious delusions, without exception are themselves based upon the theory that certain actual or traditional events in human history, and a certain class of mental experiences in the history of each individual, are of a supernatural order, unclassifiable with other phenomena of the Divine economy, and thence, as outside the limits of universal law, vague, mysterious and terrible. Indeed, modern scientists, by whom theories of the supernatural are discarded, as transcending the limits of human knowledge, have pointed out this fact, and have based upon it an argument against the use of the supernatural in religious teaching. But, if we may rely upon the judgment of those who have experience in the premises, such a step would do infinitely more harm than good at present, and must remain to be taken, if at all, in some distant future. We coincide, however, in the advice given to religious teachers by Dr. Workman. If the medical profession were as much routinists, and as indiscriminate in the use of powerful remedies as are the mass of their clerical brethren, it is our firm belief they would deserve much less credit than they now receive. But we do not now prescribe for names, or upon dogmatic principles, but to meet symptoms, which are to be studied as they appear in each case. Medical generalizations have thus far been the chief source of error in the practice of our profession. May not a similar form of error in the treatment of moral disorders be more carefully avoided than it has been?

Dr. W. comments upon the greater proportionate number of reported deaths from phthisis in the British Asylums and his own, as compared with those of the United States. But this subject he has already discussed at length, in a paper published in the last number of this journal. Some interesting cases of general paralysis, with notes of post-mortem examinations, are also given in this valuable Report.

There remained in the Chief and Branch Asylums at the close of the year, 461 patients. The other customary statistics

are complicated by the erection of the Malden Branch into a separate Asylum, in September of last year.

3. Dr. S. W. Butler's Annual Report of the insane department of the Philadelphia Alms-house, is included in the Annual Statment of the Poor-Guardians of that city.

The statistics for 1861 are as follows: Admitted 415, discharged 367, remaining 523. Discharged recovered 158, improved 94, unimproved 35, died 80.

The admissions of this year were 96 in excess of those of the year previous. "The war excitement," says Dr. Butler, "with the loss of employment during the early months of the year, undoubtedly accounts for this unusual number of admissions." The results of treatment have been very gratifying, and there has been but little bodily disease during the year.

A new ward, gained by an alteration of the old clinic-room, will relieve the present crowded state of the female department. Dr. Butler urges that the narrow airing-courts of the Asylum should be enlarged, and recommends the removal of the steam-pipes in the basement to the wards, in view of the greater economy and efficiency of heating by direct radiation. If the matter of economy in fuel and steam-pipe, is the chief question with the Poor-Guardians—as is probably the case—we can easily understand that the heated surface should be brought into as close contact with the bodies of these poor lunatics as possible. Otherwise, we are sure Dr. B. would not advise a change which involves increased danger from accident, and greater difficulties in the way of cleanliness in the wards, and a more limited supply of fresh air.

4. The Trustees of the Central Ohio Asylum submit the twenty-third Annual Report of that institution, and the sixth under its present administration. Before the close of another year, the term of office of Dr. Hills, under his present election, will have expired. This gives occasion to present the entire statistics of the Asylum for twenty-three years, and a summary of its economical operations for six years. Of the statistics, and the conclusions to which they seem to point, we can only confess to a complete skepticism as to their



value. The administrative results for so short a time are, however, a most creditable record. To these "the Board refer with pleasure, as evidence of the faithfulness of the Superintendent and his associate officers, aided by the employees of the Asylum, in the discharge of their duties and responsibilities."

In commenting upon the table of causes of insanity, Dr. Hills properly notices the much greater efficiency of constitutional and hereditary causes than any, or perhaps all others combined. But he seems to us mistaken in concluding that "these cases are almost necessarily accumulative in themselves." Were this true, a point of deterioration must centuries ago have been reached, that would have made even the dream of human progress impossible. But here, as in other departments of nature, a law of conservation meets that of destruction at every point. We have ample reason to believe that certain elements of disease in the parents neutralize each other, or are extinguished by healthier conditions, in the offspring. When these fail, the morbid causes operate to lessen viability or procreative power, and thus are self-extinguished.

We quote the following interesting cases, illustrating the constitutional effects of intemperance:

"Intemperance is a frequent, direct cause of insanity, but I believe it to be much more fearful in its influence in laying broad and deep the foundations of constitutional insanity. Many instances come to light, on close examination, in which, even temporary intemperance of the parent has caused constitutional defects in the offspring—sometimes physical, and at other times mental. In one case of insanity, represented as *not constitutional*, but believed from *its character* to be so, it appeared on full investigation that the father had been a very hard drinker from early life, and that one son, although capable of doing business, was of dull intellect; the second was our patient, having become insane at about thirty years of age, and is probably incurable. The third son was demented from an early age, and is now in a county infirmary. The fourth child has epilepsy, and is imbecile. The two oldest are married, having children, some of whom can scarcely hope to escape the penalty in after years.

“In another case presenting evidences of constitutional taint, inquiries failed to develop hereditary predisposition. The patient died. In a few months his brother was sent to us, also represented as not hereditary. Farther investigations developed the fact, that in the earlier years of the father’s married life he was strictly temperate, had four children, all yet remaining healthy and sound. From reverses of fortune he became discouraged and intemperate for some years, having in this period four children, two of whom we now had received into the Asylum; a third one was idiotic, and the fourth epileptic. He then reformed in habits, had three more children, all now grown to maturity, and to this period remaining sound and healthy.

“From another county a parallel case came to light—four children born to the parents in a period of intemperance suffering the consequences. The first a daughter grown up and married, having three children before insanity appeared. It then was developed slowly, and without any apparent direct cause. After two or three years it settled into dementia, and she was discharged as incurable. The second one, a daughter also, and married, with two children, was brought to us in a state of acute puerperal mania, and after six months treatment was discharged recovered, and still remains so after three years lapse of time. I have little doubt, however, she will relapse at some future period. The third, also a daughter, is an idiot, now mature in years. The fourth died when young with ‘fits.’

“Four children born previous to the period of intemperance, and two since reformation, are all sound and healthy.”

The yearly statistics are: Admitted 169, discharged 169, remaining 252. Discharged recovered 107, improved 14, unimproved 33, died 15.

5. Dr. Kendrick’s report is brief, but very creditable in the manner and matter of its contents. He again sets forth the urgent necessity of completing the asylum under his charge, in order to meet the demands from that section of the State. Referring to the memorial of Miss Dix to the Legislature of Pennsylvania, in 1845, in regard to further provision for the insane of that State, he says:

“Although the march of improvement in the general care of the insane in our country has been steady and rapid since



that day, the evils of their promiscuous association with common paupers and criminals still exist.

“In this respect Ohio occupies no higher ground than other States; the incurably insane, once removed beyond the thresholds of her asylums, where for a time the comforts, if not the luxuries, of home surround them, lose the restraining influences of those associations, and speedily sink to the low level of instinctive life.”

The usual statistics are: Admitted 131, discharged 125, remaining 141. Of those discharged, 67 were recovered, 11 improved, 44 unimproved, and 3 died.

6. It has also been necessary to return chronic cases to the county-houses from the Southern Ohio Asylum; but as it is not likely that, in the present condition of the State finances, the asylum will soon be enlarged, the fourth story of the central-building has been fitted up to accommodate twenty-five additional patients.

The general results for the year are: Admitted 99, discharged 97, remaining 159. Discharged recovered 59, improved 8, unimproved 22, died 8.

7. In noticing the first annual report of the Longview Asylum in our journal, a particular description of this new and admirable institution was given. We are glad to learn, through the present report, that it has thus far been prosperous and successful in its operations. The classes from which its patients are derived, are those which fill most of our metropolitan asylums. More than two-thirds of the number are of foreign birth, and a large proportion are demented and chronic cases. Of the greater part, no definite account of their mental disorder, or their previous history can be obtained. Under these circumstances, of course, the statistics are of no scientific value; yet it is to be regretted that they are cast in the forms adopted at the beginning of statistical record in mental disease. Many of these are useless and unmeaning, and ought long ago to have been discarded in all institutions. But it has not been easy to change the form of records which are only supposed to be valuable as they embrace large numbers, and cover long periods of time. An improved system

of statistics of insanity can probably be introduced only in new institutions, and we therefore regret the more that any opportunity for such a change should be permitted to pass unimproved.

The following are the general statistics for the year: Admitted 187, discharged 164, remaining 357. There were discharged recovered 115, improved 19, unimproved 4, died 26.

8. The report of the Indiana Hospital presents nothing of especial interest. We noticed in our last number the resignation of Dr. Athon, and the appointment of Dr. J. H. Woodburn as his successor.

The usual statistics are: Admitted 214, discharged 211, remaining 300. Discharged recovered 114, improved 24, unimproved 46, died 27.

9. The Iowa Hospital for the Insane, at Mt. Pleasant, was opened for patients on the 6th March, 1861, under Dr. R. J. Patterson as medical Superintendent. Only the central and one of the lateral sections of the building had been completed at date of the report. We copy the following description of the building and its appointments:

“The building, which is of the Elizabethan style of architecture, consists of a stately central structure, and wings on either side, tastefully grouped in the quadrangular forms. The central portion is four stories high, and all other parts three stories high above basements. The walls are all of solid cut stone masonry, lined on the inner side with brick. The roof covering is of heavy galvanized iron.

“In the central building, which is 90 by 60 feet, and four stories high, are the public offices of the Superintendent and his assistants, the Steward's and the private rooms of all resident officers. It has also a rotunda 49 by 57 feet, in which is a splendid double stairway reaching to the top. It is surmounted by a beautiful tower, the top of which is 137 feet from the ground. The six wings, three on either side, are for the special use of patients, and are each respectively, 114, 151, and 131 feet in length by 40 feet in width, all three stories high above the basements. They are agreeably diversified by bay windows, projections and recesses, and give an entire front of 512 feet. Two cupolas rise 90 feet from the ground



over these wings, and serve a practical use as ventilators as well as ornaments. At the extreme end of these wings are return-wings, each 131 feet deep by 40 feet wide, giving the structure its quadrangular form. Also, there is one central wing, extending from the rear of the central building, 115 feet deep, 3 stories high, in the basement and first stories of which are the kitchen, bakery, dining-rooms, store-rooms, and other domestic offices. In the second and third stories is a beautiful chapel 38 by 50 feet, with 20 feet ceiling, in the rear of which are numerous lodging rooms for domestics.

“In each story of the lateral wings, where patients have their apartments, are placed and always kept, 240 feet, or in the aggregate, 720 feet, of water-hose, always attached to the water-pipes, to subdue fire in case of its occurrence, and for the same purpose six iron steam pipes, each  $1\frac{1}{4}$  inches in diameter, open into the attics at various points.

“The lateral wings contain :

220 single rooms for patients, each	- - -	8 by 12 feet,
18 associated dormitories “	“ - - -	18 by 20 “
18 parlors,	“ “ - - -	18 by 24 “
18 dining rooms	“ “ - - -	16 by 24 “
18 corridors for	“ “ - - -	12 by 112 “
24 bathing rooms for patients.		
25 water closets.		
24 wash rooms with enameled iron sinks.		
78 clothes-closets.		

“In the whole establishment there are 425 rooms, great and small, exclusive of basement rooms. It contains 1,100 windows and 900 doors. A walk around the outside walls is a half mile, and a walk all over its halls about one mile in length. It required 120,000 square feet of galvanized iron sheeting to cover the roof. In the basement is a railroad one-eighth of a mile in length, with iron rail, upon which a hand car carries the food from the central kitchen to dumb-waiters beneath all dining rooms. The buildings are designed for the liberal accommodation of at least 300 patients, with all needed officers, attendants, and assistants to take care of them.

“The entire establishment is warmed by steam, and all machinery for elevating water, for forced ventilation, for washing and wringing clothes, is driven by steam power. Steam is also liberally used for heating water for baths, and for cooking. Galvanized iron pipes carry hot and cold water to every part. There are 70,000 feet or about 12 miles of

iron pipe connected with warming, lighting, and the distribution of water. Iron tanks, whose aggregate capacity is 14,000 gallons, have been placed in the central attic, and a brick cistern, cylindrical in form, whose capacity is 3,000 barrels, has been placed under ground.

“A rotary fan, fifteen feet in diameter, with 8 feet span, driven by steam power, secures a forced ventilation. The wash house and laundry are furnished with a large David Parker washing machine, a rotary patent wringer and a mangle, all propelled by steam. The buildings were completely piped throughout for gas before plastering the walls, and a gas-house will be erected and gas lights introduced during the next year, from an unexpended appropriation for that purpose.

“Having examined nearly all of the best Hospitals in the United States, and having experienced more than ten years of hospital life, I am enabled to speak with much assurance in regard to the excellence of our buildings and fixtures. They are doubtless the most permanently built in every part and among the most extensive of any in the country. They seem to have been erected for all time. No one portion has been slighted, but everywhere are abundant evidences of enlightened economy and skill, faithfully applied. Everywhere in the building and its fixtures, the most permanent materials only have been used, and the latest and best improvements have been incorporated. It is scarcely enough to say that the people of Iowa, through their efficient building commission, have erected a hospital of rare excellence in all respects, and as the Medical Superintendent can claim no portion of the credit due on this account, it will not be regarded in the light of self-commendation, if the opinion is here expressed, that, taken as a whole, they have built and dedicated to a benevolent purpose the best establishment of the kind which has yet been erected by any State in our country, while the cost incurred, has not exceeded that of other similar buildings of less extent and merit. \* \* \*

“The Hospital Farm consists of 173 acres of fertile land, about one-half of which is sparsely timbered and beautifully diversified by hill and valley. The other half is what is termed rolling prairie. The farm will afford an abundant supply of vegetables for the entire household, and food for stock, as well as health-giving employment for our patients.”

The usual statistics for nine months are: Admitted 170.



discharged 30, remaining 140. Discharged recovered 19, improved 2, unimproved 3, died 6.

10. Dr. W. P. Tilden succeeded Dr. Aylett as Superintendent of the California Asylum at Stockton, in April, 1861. The chief topic of his present report, is the badly organized and overcrowded condition of the institution; and the facts, which he states boldly and without reserve, certainly show a most disgraceful state of things. Double the number of patients intended to be accommodated are crowded into the wards; which are without proper furniture, and lack all means of amusement or useful labor. All colors and conditions of the population are represented. Negroes, Chinamen, drunkards, prostitutes, and criminals, are associated with the non-criminal citizens for whom the Asylum was designed. We sincerely hope that such an exposition as Dr. T. has made will cause a radical change to be effected at once by the proper authorities.

The change of administration during the fiscal year prevented the condition of those discharged from being accurately determined. The admissions were 319, the discharges 273, and the number remaining 416.

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*Epilepsy : its Symptoms, Treatment, and Relation to other Chronic, Convulsive Diseases.* By J. RUSSELL REYNOLDS, M. D., etc. London: John Churchill. 1861.

It is to be feared that most medical men consider new books on epilepsy, and new remedies for the disease, to be equally unworthy of their attention. We do not now think of anything more degrading to medical science, than the extent to which specifics for epilepsy have been, and are still, sought for, and made the subject of experiment. In fact, this disease from having been the "opprobrium" of medicine on account of its incurability, has become doubly so because of the shallow empiricism which is associated with it in medical practice. Nor can it be denied that there has been something in most of the numerous monographs on epilepsy, which is the coun-

terpart of the absurd experimenting with drugs in the malady, and like it has tended to repel the intelligent physician from the subject. The fault seems to be, mainly, that each writer has deemed it necessary to frame some complete theory of nervous and muscular action, to which have been fitted all his observations of the phenomena of convulsive diseases. Such a scheme—explaining everything where so little is really known—has compelled the use of new and vague terms to disguise the want of knowledge. Thus we have had the phrases “over-action” and “defective action” of the nervous system, “the nervous influence,” “nerve-currents,” “electromotive currents,” and others, offered as representing a positive, definite value for the solution of the great problems of life and disease. It is not strange that little notice is taken of such theories. They are usually only attempts to represent in verbal formulas some current fashion of medical practice. Just now, when stimulants are the favorite therapeutic agents, defective innervation and morbid irritability (which latter phrase, as employed by a late writer,\* “becomes only another name for inefficient action of the nervous system”) are, of course, made the primary fault in idiopathic convulsive disorders.

But thus far, we have referred to a class of works of which Dr. Reynold's book is *not* an example. We will devote a brief space to giving our readers some notion of its method and value.

To characterize the treatise in a word, we may say that it is rigidly *scientific* in every particular of its plan and execution. This is manifested, as we shall see, at the very outset of the work, in the thorough examination and sifting of the facts which are to be used in the inductive part of the argument: nor is it less admirable in the care with which only the settled and accepted laws of physiology and pathology are brought to bear in the deductive portions.

We have never seen the proper application of the numerical system to the problems of disease so clearly and satisfac-

\* Dr. Radcliffe, in his work on “Epilepsy and other Convulsive Diseases.”



torily stated as in the preface to this book. To some, we know, the use of statistics in medicine appears more simple, and to promise more perfect and positive results, than Dr. Reynolds has claimed. But it is to be feared that such have taken only a very superficial view of the matter. We will quote somewhat at length upon this point of primary importance :

“Statistical propositions represent only fractions of the truth which lies beyond them, and the whole of which cannot yet be expressed ; they are of value, inasmuch as they tell us what fraction we have obtained. They are of especial use as a means of pointing out and correcting erroneous impressions ; of indicating the direction in which true principles or laws may be discovered ; and of so registering the facts we have observed, in regard of two or more groups of natural objects, that we may satisfactorily compare and contrast these, and become acquainted with their mutual relations.

\* \* \* \* \*

“In the following work I have shown that some general principles enunciated with regard to epilepsy, not only have exceptions, but that these are more frequent than are the examples of their correctness ; and that therefore those so-called ‘general principles’ are demonstrably wrong. Further, the numerical method may be so employed as to show that a principle, antagonistic to that which is generally received, has greater claims to reception ; and thus evidence of a positive character may be furnished against the adoption of the received opinion. In this manner statistics have been frequently employed in the course of the present researches upon epilepsy.

“It often happens that a startling fact makes so strong an impression upon the mind of its observer, that he attaches to it an importance far greater than it deserves, and this to the depreciation of other and more common occurrences. For example, a certain ‘cause’ has been seen followed by a particular disease ; the relation has been carefully established, and the circumstances have been so forcibly impressed upon the mind that the observer is prone to look at other cases in the light of this one ; and, as it often happens, when he cannot ascertain any facts in support of his favorite notion, to supply them from imagination or suspicion, and construe all that he does observe into a form which squares with his own theory. We have a natural repugnance to the admission of our own ignorance or error ; it is more pleasant to suspect willful concealment on the part of a patient, or even some

freak of *lusus naturæ*, than that our own beautiful generalization is at fault; and hence, sometimes, we turn away from facts which speak against us, to luxuriate in the society of those which seem all made to our own order. Rejoicing in the thought that we are the "interpreters of Nature," we nevertheless wish that her utterances may be upon our side; and we are disposed not merely to convey, but to parody and convert her teaching. With all reverence to the great men who have built up the science of medicine, it must be admitted that many of their doctrines have had no firmer foundation than that which I have described, and that yet these doctrines have passed current in the minds of their followers for generations; they have been accepted without question, and acted upon without fear; and thus the trustworthy beliefs of the day are compounded with the false notions of tradition as well as with the hasty generalizations of the individual. Now, for the purpose of correcting these, or of showing their true value, when they have any, no method is more convincing than the numerical.

"In the employment of statistics with the intention of indicating the direction in which true principles or laws may be discovered, we exhibit perhaps their highest use; but it must be remembered that numerical statements of percentage and proportion, although they may be perfectly correct so far as they extend, are yet not of the nature of vital or pathological laws.\* If it is said that fifty per cent. of the cases of a particular disease, such as epilepsy, present a special symptom, and that fifty per cent. do not, it is not to be regarded as a law of that disease that one-half of its examples should differ from the other half. The proper conclusion is, either that the symptom in question, when present, was not essential to the fact of epilepsy, or that the cases from which it was absent were not true examples of that disease. Upon the one supposition, half the cases presented something more than epilepsy; upon the other, half the cases presented less. Either the symptom is a 'complication' in fifty per cent., or fifty per cent. of the cases are 'abortive' or imperfect. Yet, notwithstanding this constant result of the use of statistics in pathology, it is convenient to retain, as we do, many names—of more or less vague meaning and applicability—to denote diseases which we feel are as yet very inadequately described. It is always highly undesirable to change the names of things, and unless change is imperatively demanded it should be

\* See Facts and Laws of Life, an Introductory Lecture by the Author.



avoided ; but the application of the numerical method to the study of disease must result, occasionally, in the disturbance of our nomenclature."

The subject of epilepsy is prefaced by the definition of the term "disease," and some remarks upon the classification of diseases, which lead us to appreciate at once the exact and logical method of the writer. The pathology of convulsion in general is also briefly considered. This part is taken from a former work of Dr. R., entitled "*Diseases of the Brain, &c.*" Convulsion, which is defined as spasm of all the muscles of one-half, or more than one-half, of the body, is shown to depend upon nutritive changes in the nervous centres, and in all like cases to have a similar change as the immediate and proximate cause. Of other causes, Dr. R. says :

"Now, whatever lesions we may find in the nervous centres, or in other organs, whether these are spiculæ of bone, hydatid cysts, thickened meninges, softened brain, calculus in the kidneys, or Bright's disease, such lesions are not the proximate causes of convulsions ; for they are not present in all cases : they differ in locality and kind, and they bear no constant proportion to the symptom in question.

"The laws of nature are invariable, and so-called exceptions are either ignorances or errors ; statistics of percentage do but represent the fragmentary or fractional condition of our knowledge, and our necessity for their use is evidence that we have not yet given full expression to those laws, some portion only of which we may dimly see and register. But our conviction is,—and the possibility of science depends on such conviction,—that the laws are fixed and invariable, and that similar effects must have similar causes.

"The immediate or proximate cause, therefore, of convulsions is the same in all instances ; it is some change in the nutritive or interstitial processes of the nervous centres."

He goes on to show that this nutrition-change consists in an abnormal increase in the nutritive processes. In this deduction, which, so far as we can see, follows necessarily from known vital laws, it will at once be seen is the basis of a practical doctrine that must condemn the excessive use of stimulants, which has attended upon the theory of defective nutrition in convulsive diseases.

In one class of cases, this common proximate cause is found to be the primary and sole deviation from health; in this class the disease is known as idiopathic. In a second class, this nutritive-change is not idiopathic, but induced by other changes in the organism, and such as are generally termed eccentric causes; this class includes uterine, gastric and dentition convulsions. The third class of causes includes all "such general cachexiæ as tuberculosis, scrofulosis, rachitis, and syphilis; such morbid blood-conditions as urinæmia, anæmia, pyænemia, and other toxæniæ, arising from changes occurring within the system; such blood-diseases as alcoholism, lead-poisoning, typhus, variola, and other exanthemata; such profound general modifications of nutrition as accompany the progress of disease in certain important organs, *e. g.* pneumonia, carditis, pericarditis; and lastly, such as attend certain developmental periods,—for example, puberty, pregnancy, dentition, and the like."

The fourth class comprises the various forms of structural disease in contiguous portions of the nervous-centres,—as intra-cranial tumors, chronic meningitis, softening, &c.

From this general view of the causes of convulsive disease, Dr. R., passes to the consideration of epilepsy.

Now, not a little of the value of statistics as applied to the study of disease consists in the greater prominence with which the common fault of a loose and indefinite terminology is thereby brought into view. We all know that a moderate ingenuity in the use of convertible words, or a slight rhetorical skill, has often sufficed to make the most shallow theories of disease appear plausible, or even profound. But when in an interrogation of facts, instead of using words by which the looked for conclusions are already assumed, we substitute figures, which must complement or balance each other, and which can convey only a single meaning, we are driven to make definition of the first importance. This Dr. Reynolds has done. In treating of the symptoms usually said to be pathognomonic, he remarks, that a sudden and complete loss of consciousness can only be pathognomonic when it occurs as a paroxysmal or occasional event. Spasm is acknowledged



to be always present, "but it may be confined to the contractile fibres of the cerebral vessels," and thus is not necessarily observable. Upon the definition and nosological place of the disease, we quote further, as follows :

"Epilepsy may then be defined to be *a chronic disease characterized by the occasional and temporary existence of loss of consciousness, with or without evident muscular contraction.*

"Epilepsy should be regarded as an idiopathic disease, *i. e.* as a *morbus per se*, distinct from eccentric convulsions, from toxæmic spasms, from the convulsions attendant upon organic lesion of the cerebro-spinal centre, and, in fact, from every other known and appreciable malady.

"The special organic condition upon which it depends may be induced in various ways, but it may occur primarily ; and, in the vast majority of cases of epilepsy proper in the human subject, there is no evidence to show that the disease is other than idiopathic and primary.\*

"In 1855 I made the remark that, "If we can succeed in distributing all the cases hitherto known as epilepsy among the several classes of better defined diseases, we ought to reject the term epilepsy from our nosology : but if we cannot accomplish this distribution, and are compelled to recognize the existence of many, or even of a few, cases distinct from any more general condition of systemic or local disease, then we must employ the term epilepsy in a restricted sense, implying only those cases which, in the present state of medical science, are irreducible.† But this principle of nomenclature—which appears little more than a truism, self-evident and requiring no argument for its support—is not that which has been acted upon ; and at the present time we constantly hear of renal epilepsy, uterine, gastric and other epilepsies : epilepsy from tumor of the brain, and other organic diseases ; and find these confounded together with the simple or idiopathic affection.

"The principle which is now re-asserted is this, that inasmuch as there are numerous cases of epilepsy in which neither organic lesion, blood disease, nor definite eccentric irritation can be shown to exist, epilepsy is idiopathic in these cases ; that such idiopathic disturbance is all that exists in them, and that it fills up to the full, in numerous instances, the idea of

\* For the sense in which these terms are used, and the reasons why they are applied to epilepsy, the reader is referred to Chapters I. and V.

† Diagnosis of Diseases of the Brain, Spinal Cord, Nerves, and their Appendages, p. 174.

epilepsy; and that, therefore, when in other cases structural lesions, blood diseases, or eccentric irritations, are found in connection with convulsions which they are shown to produce, we ought not to call these latter by the same name."

Dr. R. further explains and commends his system, and, in accordance with it, separates the cases of pure epilepsy from those improperly so termed, in those recorded by other writers. These remarks he concludes as follows:

"Now, it is evident that if some of these deserve the name of epilepsy, others do not; and it is essential for all purposes of analysis that the same word should be made to stand for the same thing. To compare the history of a convulsive affection, which is the expression of the scrofulous diathesis, with that which depends upon a blood-poison, such as uræmia, and these, again, with organic and non-organic intra-cranial irritation, and so on, except for the purpose of discovering, through seeming similarity, their essential difference, cannot be productive of an advance in pathological science. But to group such cases together, call them by one name—epilepsy—and then estimate numerically the frequency with which this or the other phenomenon may be present, is to proceed upon so false a method that the science of pathology must be by such means thrown backwards, and into augmented confusion.

"If epilepsy can exist without diathetic disease, without blood poisoning, without violent eccentric irritation, and without organic lesion, then these conditions are not essential to the disease, and when they exist, cause symptoms which are over and above those proper to the epilepsy itself. Such conditions may co-exist with epilepsy proper, but much more rarely than is supposed, the cases in question being then more correctly denominated by another word; but when there is such co-existence, we ought to separate the one element from the other, and the first step in this process is to define as accurately as possible what is included in epilepsy itself. For this purpose I have excluded from a large number of convulsive diseases all those cases in which the fits were evidently due to one or more of the several conditions enumerated, retaining under the name of epilepsy only those cases in which there was no reason to believe in the existence of anything beyond an idiopathic affection, characterized by those essential features of the disease already described in the definition."



Of the inter-paroxysmal symptoms of epilepsy, Dr. R. first considers those found in the mental condition of patients. The number of cases of true epilepsy analyzed for the purposes of the volume is eighty-eight; but the mental symptoms were carefully observed in only sixty-two of these, which, on analysis, led to the following among other conclusions: "First, that epilepsy does not necessarily involve any mental change. Second, that considerable intellectual impairment exists in some cases; but that it is the exception and not the rule." We can not but see in these first conclusions from the statistics of epilepsy, how one-sided and fractional at best our knowledge of disease must, perhaps, always be. That "epilepsy does not necessarily involve any mental changes," follows, of course, from our own arbitrary definition. That intellectual impairment is more the exception than the rule, may, however, be contradicted by the next collection of cases, and, not improbably, by the same cases at another stage of the disease. Indeed, to make these results of any positive value, we should have been told that no mental impairment existed during life in the majority of cases; whereas, we are only informed in regard to an indefinite, and probably brief, period of their history.

In treating of the organic condition of epileptics during the intervals of their attack, a similar source of fallacy may be detected. Dr. Reynolds, while exhibiting but little controversial purpose in his book, takes issue upon the point with Dr. Radcliff and others, who defend the theory that the essential condition of convulsion is debility. Now, we regard the observations of Dr. Reynolds, and the evidence he brings forward from other authorities, as quite conclusive of the fact, that epilepsy may, and often does, have its origin in robust and well-nourished subjects. But we have as little doubt that—as we should expect to follow so great an expenditure of force, and such interference with all the bodily functions—the disease does tend to depress the general health, and that debility generally co-exists with epilepsy in its advanced stages. The disagreement seems to be here, as in

so many other cases, to depend upon the different points of view from which the disease is surveyed.

The paroxysmal symptoms of epilepsy are next described as they have been observed by numerous authorities, whose language is carefully cited in every particular. With these the results of the cases analyzed by Dr. Reynolds are compared, and in most respects the fidelity and accuracy of early observers in this disease are attested. Following this, the natural history of epilepsy—including its degree of prevalence, etiology, relations between symptoms, its consequences and complications—is discussed with much learning, and admirable method, but with little more definite conclusions than have heretofore been reached. A mistake is made in this part, which is a common one with enthusiastic statisticians. Instead of the general results of the tabulation of cases being stated, the figures themselves are brought forward in their long array, much to the distraction of the reader.

The problem of pathology is next examined.

“Pathological anatomy,” says Dr. R., “has shown three things:—1. That there is scarcely any morbid condition which may not be found sometimes in the bodies of epileptics. 2. That no structural change is constantly found at all periods of the disease. 3. That some lesions are of more common occurrence than others. While this method, therefore, fails to demonstrate the seat of the disease, it furnishes proof that many lesions have no causal relation to its phenomena, and it affords presumptive evidence that other changes may be most duly regarded as its effects.

“Among the latter we may class thickening of the bones of the skull; deposition of calcareous matter in the dura mater and its folds; enlargement of the pituitary body, with changes in its structure and in that of the pineal gland; and dilatation of the capillary vessels in the medulla oblongata. The rougher lesions first mentioned have been observed from the earliest time; and probably are due to the repeated congestions, which also render the skin and hair of the scalp coarse and unyielding.”

Inductive methods having failed to afford a solution of this



problem, it is attempted to solve it deductively, from the known laws of physiology and pathology. This course, it is claimed, has been more successful. Dr. R. gives quite at length the arguments which go to prove that the starting point of convulsion in epilepsy is the medulla oblongata, and that a "nutrition-change" is the proximate cause. Here comes up, again, the question whether this functional change is one of defective action, as has been claimed. We agree with the author, that any one who has once witnessed a severe convulsion will smile at the reasoning which would reverse the obvious meaning of that phenomenon, to make it square with any theory of "defective action" in the case.

The author's remarks on the nature of this nutrition-change, which may be morbid in kind, or in degree only, and the manner in which the epileptic paroxysm is developed, are among the most profound and interesting in the book, but are too extended to be copied here.

We can find but little in the chapters on diagnosis and treatment worthy of comment. They consist in great part of the detail of cases, including their treatment. And we are bound to confess that so much system is employed here as greatly to mystify to us the relations of facts and symptoms, in some of the cases. What with section-marks, dates, numerals and capitals, intermingled and repeated again and again, these records of common cases of epilepsy are rather the most difficult and tedious reading in the book.

The closing pages of the work are specially devoted to the subject of treatment, upon which the conclusions are chiefly of a negative value. We quote, in closing, the resumé of treatment, as follows:

*"Resumé of treatment of Epilepsy.*—The first essential is diagnosis: organic disease of the brain, diathetic disease, and eccentric convulsions must be eliminated carefully; we must know what it is that we have to treat. The next point is to ascertain the actual condition of the patient between the paroxysms; it is simply absurd to order medicines because the case is 'epilepsy.' Patients may be formed into groups for this purpose. In the *first* of these we place those individuals whose mental faculties and whose general health are

unimpaired, and who exhibit no striking alterations of motility. These cases are, so far as I have seen, incomparably the least tractable; and what can be done for them is, comparatively speaking, little. Diet, regimen, and counter-irritation are of more value than medicine; for in regard of the latter we are more or less shut up to those drugs which are supposed to exert some sort of specific influence, such as oxide of zinc, &c.

“In a *second* group I would place those cases the prominent feature of which is mental incapacity; and for their treatment the measures already described will, I think, be found most serviceable.”

“The *third* class consists of those whose general health is impaired, and who require various kinds of management. If there is anæmia, with cold extremities; generous diet, warmth, stimulants, and iron are the most valuable of our aids. Quinine, or cinchona bark, may be added if there is general feebleness. The digestive and secretive functions, together with the excretions, require the first attention in other cases; whereas in some, uterine derangements necessitate correction. To attend to these points is of more utility than to administer so-called “anti-epileptics.”

“In a *fourth* group there are evidences of exalted irritability of the nervous centres; and these demand the first attention. The various sedatives, enumerated in the early portion of this chapter, may be given, and with most marked improvement.”



## THE PARISH WILL CASE.\*

THE protracted litigation regarding the Parish Will was, at last, brought to a close in June of the present year, and the decision of the Court of Appeals has been given. Aside from the general attention excited by the proceedings, from the character of the parties engaged, and the amount of property involved, the case possesses peculiar importance to those interested in the jurisprudence of insanity. We shall attempt to give simply an outline of the case, consisting of a brief statement of the facts, and of the testimony regarding the mental condition of Mr. Parish, with some extracts from the opinion of the Court, delivered by Judge Davies. This, it is conceived, will present the chief points of the controversy, and show the bearing of the decision upon them, and especially upon the vexed question of testamentary capacity.

Mr. Parish first made his Will on the 20th of September, 1842. He was then fifty-four years of age, in good health, and in the full possession of all his faculties; and the dispositions of his property were made deliberately and after frequent consultation with his legal adviser. He was married, but had no child, and none was ever born to him. Of the immediate relatives of his own blood, two sisters and two brothers were then living. His property at that time was estimated at \$732,879.

By the Will he bequeathed to his wife \$331,000, or nearly one-half of his whole estate. To his sisters he gave legacies of \$20,000 each. To various more distant relatives, to kinsmen of his wife, and to personal friends he gave legacies amounting in the aggregate to \$290,000, of which \$85,000 was bestowed upon his wife's relations. The residue of his

\* "The Parish Will Case in the Court of Appeals: Opinion of the Court and of the several Judges." New York: D. Appleton & Co. 1862.

estate he gave to his two only surviving brothers, James and Daniel, besides a legacy of \$10,000 to Daniel as executor. Had Mr. Parish then died this residue would have amounted to about \$37,000. The dispositions made by the Will were declared to apply to all property then owned by the testator, and to all that might be thereafter "acquired by purchase, descent, distribution or otherwise."

During the next seven years Mr. Parish's property was largely increased by accumulation and from other sources, and within the same period several legacies lapsed by the death of the legatees, children of Mr. James Parish. If the Will remained in force, all these additions to the estate, including the lapsed legacies, fell within the residuary clause, and would contribute to increase the share of the brothers, James and Daniel. Of this fact Mr. Parish was fully aware; he consulted his counsel upon the subject, and expressed himself satisfied when informed of the legal effect of the death of the legatees mentioned above, and up to the time of his apoplectic attack in 1849, he evinced no intention of making any alteration in his Will, although upon the first of July, 1849, the residuary estate had increased in value until it amounted to nearly \$300,000. Upon the 19th of July, 1849, Mr. Parish was prostrated by an attack of apoplexy—whether after this attack he ever possessed testamentary capacity was the chief point at issue in the case.

On the 29th of August, 1849, Mr. Parish executed a codicil, prepared at the suggestion of his wife, by which she became devisee of certain real estate valued at about \$200,000. This codicil was reexecuted on the 17th of December of the same year. In September, 1853, in accordance with instructions from Mrs. Parish, a second codicil, incorporating the first, was prepared and executed, by which, in addition to the former bequests, the testator gave to Mrs. Parish personal property to the value of \$349,460, and gave also \$50,000 to be divided among certain charitable institutions. In this codicil the appointment of Daniel Parish as executor was revoked, as well as the legacy of \$10,000 given to him by the Will. On the 15th of June, 1854, a third codicil was prepared, also at



Mrs. Parish's suggestion, and executed as before ; by which the testator revoked the residuary devise to his brothers, and substituted Mrs. Parish as devisee of the whole remainder of the estate.

Mr. Parish died March 2d, 1856. From the time of his attack in 1849, to his decease, his wife was scarcely ever absent from his presence, and she and her relatives were his constant attendants, to the almost entire exclusion of his own relatives, between whom and himself, up to this period, there had never been any manifestation of hostility, or indication of a want of mutual family affection.

Shortly after the testator's death the Will and codicils were offered for probate before the Surrogate of New York, and, after a long hearing, the Will and first codicil were admitted to probate, but the second and third codicils were rejected. This decree was affirmed at a General Term of the Supreme Court, and the Court of Appeals has sustained that decision.

The greater part of the voluminous testimony taken in the case, had reference to the mental condition of the testator, of which the following are the essential features, and those which seem to have exerted most influence in the decision of the Court.

The alleged loss of understanding on the part of Mr. Parish, was, as usual, dependent upon physical disease. He had threatening of cerebral disturbance for several years before his attack of apoplexy and paralysis in 1849, and had hereditary tendency to disorders of that nature. The shock of this final attack rendered him insensible and convulsed for several hours. It was soon discovered that his right side was paralyzed. His physician characterized the seizure as "hemiplegia," leading to "defect of motion, not of sensation;" and implicating "the right arm and the right leg, and also the organs of speech." He subsequently acquired a slight control over the right leg, but the arm, which improved somewhat for the first six months immediately succeeding the attack, afterwards entirely lost its power. The left arm and leg were not permanently affected by the paralysis.

It is stated that Mr. Parish recovered, in a considerable de-

gree, his strength after the first shock, and that during the remaining seven years of his life he enjoyed good, but not uninterrupted health. He suffered from a severe and painful disease of the bowels in October, 1849; subsequently, he had a number of attacks, "distinct from the general disease, but the most frequent dependent upon its cause, or, in other words, dependent upon the condition of the brain which led to the disease."

"He had one or more severe attacks of cholera morbus, one or more of inflammation of the lungs, an abscess formed at one time under the jaw, which became so large as to threaten suffocation, and there were several minor attacks from time to time."

In addition to these disorders, ever after his apoplectic attack, Mr. Parish was subject, at irregular intervals, to spasms or convulsions, the intervals extending from one or two weeks, to six months, and even a year. Their approach was preceded by despondency and irritability on the part of the paralytic, and after the convulsion had passed off, he was generally better and brighter than he had seemed before. The convulsions are described as commonly coming on suddenly, with a noise in the throat, resembling a shriek or scream, a violent reddening of the face, and a convulsion of the whole body—the muscles becoming alternately rigid and relaxed. Some of these paroxysms were so violent as seriously to threaten a fatal result. It was the opinion of Mr. Parish's attendant physician, that these convulsions were "connected with the condition of the brain, left by the apoplectic attack." The main feature of Mr. Parish's final illness was congestion of the lungs, but it was a complicated disease depending also, in the opinion of his physicians, upon the condition of the brain.

His power of speech was mainly abrogated on his first attack, and from that time to his death he was never able to utter anything except a few imperfectly articulated monosyllables. These were principally "yes" and "no," which he pronounced very imperfectly, and there is even great doubt whether he ever uttered them intelligibly. He expressed



himself most frequently by the use of inarticulate sounds. These are described by the witnesses as sounds resembling the syllables, "yah, yah, yah," "nyeh," "nin, nin," "yeah, yeah, yeah," and others of a similar character. He accompanied these sounds by gestures and motions of the left hand and arm, and by nodding or shaking his head. The gestures usually consisted in his waving his hand in different directions with his fingers extended, putting his fingers in his mouth, or raising his hand and shaking it. The external senses, feeling, hearing, and smelling, do not appear to have been seriously affected. His eyesight was always more or less imperfect.

He would occasionally look at books and papers, but the preponderating evidence was that he could not read at all. An attempt was made to induce him to write with his left hand, but after several trials with paper, slate and blackboard, which, in one or two instances, resulted in his writing after a copy, the first few letters of his name in very doubtful characters, the attempt was abandoned. Block letters were procured, but he would not use them and pushed them away. A dictionary was suggested but, whether the trial was ever made or not, he never adopted that method of communicating his ideas. It was the constant practice of Mr. Parish's nurses, in accordance with his wife's directions, to read the newspaper to him, but the proponents failed to prove that he ever manifested comprehension of what was thus communicated, or exhibited any intelligent interest in the reading.

Subsequent to the attack he was never entrusted with the management of his own affairs, nor allowed to have money in his possession. He could not supply his own wants, and was washed, dressed and attended at table like a child, and was even frequently unable to control his evacuations. His wishes, as might be expected, were not easily ascertained. He expressed by the inarticulate sounds and motions before referred to, that he desired something, and various suggestions would be made by those attending him until he expressed assent, though it often happened that it was utterly impossible to comprehend him, and the attempt would be abandoned by

both parties. He would also assent to contradictory suggestions.

Before his attack Mr. Parish is described by his relatives and acquaintances as a "placid and unexcitable man," of great self-respect and with great command of temper; "his manners were mild, gentle and unruffled;" a quiet, undemonstrative gentleman, rarely exhibiting any emotion and deeply absorbed in his commercial transactions. After his attack he manifested a marked change of disposition; he occasionally shed tears; he became petulant, and frequently violent, and, in several instances, exhibited a want of appreciation of the requirements of decorum and even of decency. He had occasional unmeaning freaks and caprices, such as searching for his clothes in impossible places, going out to see the moon, and making excursions to the garret and the cellar, for no ascertained purpose; and it sometimes became necessary to use physical force to prevent him from undertakings which threatened his personal safety.

He exhibited some recollection of his former daily and familiar places of resort, and of his former habits of business, which he would attempt, in trifling matters, to resume, as, by pulling out his watch when he passed the City Hall clock, or insisting, when driven out, upon being taken to the Bank of which he was once a director, or to his old office, or to various tradesmen with whom he had been in the habit of dealing. In addition to these, the proponents, who contended that Mr. Parish's intellect was never materially impaired, brought forward many particular instances in which it was claimed that he manifested undiminished intelligence. One or two of these may be mentioned.

It was said by one witness: "Having been riding out of the city, he would take his watch out of his pocket, look at it, turn round and look at me, when I would ask him if he wished to return; if it was late or about his usual drive he would say 'yes,' and nod his head." Elsewhere the same witness says, "I recollect, on one occasion, the dining room clock was run down; when he pointed at the clock, I perceived that it had stopped; remarked to him that it had



stopped, and I would wind it up, when he nodded his head." An old acquaintance testified that he recalled to Mr. Parish a ridiculous circumstance that had happened to them in company, many years before, and that Mr. Parish "gave him to understand" that he recollected the circumstance, and laughed at it quite heartily. These instances, however, of which the above are specimens, were isolated, and taken together were not deemed of sufficient significance to avoid the conclusion derived, from the facts before stated.

In regard to the actual execution of the codicils, it seemed that the counsel employed to prepare them, read them to Mr. Parish in the presence of the subscribing witnesses, put to him the requisite formal questions, and received from him, by sound and gesture, as usual, what were supposed to be affirmative replies. The counsel then assisted Mr. Parish by guiding his hand while he made his mark. At least this was the case at the execution of the first and second codicils; there was no evidence whether or not he received assistance in making his mark at the execution of the third.

Such were the main points of the case presented to the Court of Appeals. The opinion of the Court was delivered by Judge Davies, from which we quote the comments upon the facts we have narrated, and the conclusions in which the majority of the Court concurred.

After adverting to the change in Mr. Parish's disposition after his attack, Judge Davies says: "How diametrically opposite to the previous conduct of his whole life is that now exhibited. And the inquiry forces itself upon the mind, what cause has produced such results? Can such totally inconsistent and opposite characters be reconciled with the theory that the faculties, the mind, and moral perceptions of Mr. Parish underwent no change, but were the same after July 19th, 1849, as they were before that day? \* \* \* \*  
We confess ourselves totally unable to assent to any such theory. The conviction on our mind is clear, that these facts, and circumstances show unerringly, that the attack of July 19th, obliterated the mental powers, the moral perceptions, the refined and gentle susceptibilities of Henry Parish; that

after that period he ceased to be the mild, intelligent and unruffled man he had been theretofore, and that thereafter he was not morally responsible for the unbecoming and ungentlemanly conduct he so frequently exhibited. He then ceased to be Henry Parish and was no longer an accountable being." Upon the point of Mr. Parish's method of communicating his ideas, Judge Davies says: "With these imperfect media for ascertaining the thoughts of Mr. Parish, it is doing no injustice to any one to assume that they have been mistaken when they supposed that they correctly understood him. We more naturally and readily come to this result, because we find that all who had any intercourse with Mr. Parish, on many occasions, found great difficulty in understanding his wishes and thoughts, if they even understood them at all; and the instances are frequent and clearly established where he often made an affirmative and negative motion of his head, immediately succeeding each other, to the same question, leaving the inquirer in perplexity which he really intended.

\* \* \* \* \*

"All the testimony shows that he could only indicate with his fingers and hand, or by sounds, that he wanted something, or that something was the matter, and which motions or sounds were construed by those around him as evidences of his wish to put a question, whereupon they began to suggest various topics, and when they thought they perceived that they had hit upon the subject in his mind they supposed he wished to inquire about, they put such questions as suggested themselves to them, and to which they supposed they had received affirmative or negative answers. If Mr. Parish had no power to express a wish to destroy a Will, it follows he had none to create one, and the manifestation of his wishes depended *entirely upon the interpreter and the integrity of the interpretation.*

"It is thus seen that great difficulty and uncertainty, to say the least of it, attended any expression of the thoughts or wishes of Mr. Parish, and that a large number of those having business or intercourse with him, utterly failed to attach



or obtain any meaning to his signs, sounds, motions, or gestures. The natural and obvious deductions to be made from all these facts and circumstances are, that Mr. Parish had no ideas to communicate, or, if he had any, that the means of doing so, with certainty and beyond all cavil and doubt, were denied to him."

After referring to the testator's failure to communicate by writing, or by the use of any artificial means, Judge Davies states the final conclusions, as follows :

"To what result does this review of the facts and circumstances in this case, adverted to and commented on, lead the mind? On a careful consideration of them all, with a most anxious desire to arrive at a just and correct conclusion, we are clearly of the opinion that the attack of Mr. Parish on the 19th of July, 1849, extinguished his intellectual powers, so obliterated and blotted out his mental faculties, that after that period he was not a man of sound mind and memory within the meaning and language of the statute, and was therefore incompetent to make a Will. \* \* \* \* \*

"It is not the duty of the Court to strain after probate, and especially to seek to establish a posterior Will, made in conceded enfeebled health, unsustained by previous declarations of intention, over a prior Will, made in health, and with care and deliberation, when the provisions of the posterior Will are in direct hostility and conflict with those of the prior one. \* \* \* \* \*

"It would be in violation of long and well established principles, and an almost uniform and unbroken current of decision in England and in this country, to admit to probate testamentary papers, prepared and executed under the circumstances these were, by a man who was in apparent full physical health, and possessing nearly his natural strength, who could not or would not write, who could not or would not speak, who could not or would not use the letters of the alphabet or even a dictionary, for the purpose of conveying his wishes, upon proof solely that they were supposed to express the testator's wishes, from signs, gestures and motions made by him, and especially when it appeared that such

signs, gestures and motions were often contradictory, uncertain, frequently misunderstood and often not comprehended at all."

Judge Davies states at length the three principles of law which he conceived to be applicable to the case. The first regards testamentary capacity, the second the burden of proof, the third the maxim *qui se scripsit, hæredem*. The chief interest and importance attaching to the decision, turn upon the discussion of the first of these—the doctrine of testamentary capacity.

Up to the present time the well known case of *Stewart vs. Lispenard*, decided in the Court of Errors in 1841, (26 Wend. 255,) has been held to be of binding authority. The rule of testamentary capacity, there adopted, was extremely rigorous, and the proposition was sustained that, in passing upon the validity of a Will, Courts do not measure the understanding of the testator, but, if he have any at all, and be not an absolute idiot, totally deprived of reason, he is the lawful disposer of his own property, and his Will stands as a reason for his actions. This doctrine is repudiated, or at least, modified in the Parish Will decision, and the *Lispenard* case expressly overruled. In the language of the opinion, derived from various high authorities, the testator must have "sufficient capacity to comprehend perfectly the condition of his property, his relations to the persons who were, or should, or might have been the objects of his bounty, and the scope and bearing of the provisions of his Will. He must have sufficient *active memory* to collect in his mind, *without prompting*, the particulars or elements of the business to be transacted, and to *hold them in his mind* a sufficient length of time to perceive at least their obvious relations to each other, and to be able to form *some rational judgment* in relation to them."

This is receding from an extreme, and perhaps a dangerous position, hitherto occupied by the court of last resort; and the establishment of a more rational doctrine. To hold, as a settled rule of law, that testamentary capacity exists where there is even "a glimmering of reason," is scarcely in accordance with an enlightened system of jurisprudence, or



even with the dictates of ordinary common sense. The reasoning of the *Lispenard* case, (and the same general course of argument was adopted by the proponents of the Parish will,) was based upon the interpretation of the words, "non sane memory" in the English Statute of Wills, whence our revisers obtained the phraseology of our own. Coke (1 Inst. 246 b,) explains the meaning of these words to be equivalent to that of "non compos mentis," and says that these last include but four classes of persons, viz., idiots, lunatics, those temporarily deprived of reason (as when one is drunk,) and those who by sickness, grief, or other accident, have "*wholly*" lost their "understanding." From various authorities, the old abridgements, definitions in text writers, and the dicta of some judges, it was gathered that one was not accounted to have "wholly lost his understanding" until he became an idiot, so that he could not "tell his own name or count twenty," and therefore that any one possessing a higher degree of intelligence than this, was not "non compos mentis," and was not disabled from making a Will.

It is to be observed that this reasoning was partly based upon the fact that the old legal definition of an idiot, sanctioned at a later day by Blackstone, was that the idiot was one who had "no understanding to tell his age," etc., no "glimmering of reason;" but, of course, it does not necessarily follow that, because idiots have wholly lost their understanding, all who have wholly lost their understanding are idiots. Many expressions are to be found in the ancient authorities even, besides the few early cases directly in point, which seem to imply that a wider signification was originally attached to the phrases, "non compos mentis," and "wholly deprived of understanding," than the *Lispenard* case allowed them.

In *Plowden*, (368, b.,) per Saunders, Chief Justice, it is said that "idiots, lunatics, and those who have lethargy are included in the words not sane memory, as well as madmen." The word "understanding," itself, means more than the capacity to count twenty or tell one's own name. Burton, a contemporary of Coke's, in the *Anatomy of Melancholy*, defines the understanding to be "the rational power of apprehending,"

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and thereby doubtless expressed the popular, ordinary meaning of the word and the sense in which it is not improbable that it was used by Coke. Lord Erskine says upon this point (12 Vesey 445)—“have wholly lost their understanding. What is the meaning of that? In the case of the unfortunate man who fired at the King in the theatre, the Attorney General contended that he ought to be proved to have wholly lost his understanding. So he had, but that does not require such a state that he could not see the light of the sun, or know his own father.”

Lyndewode, in the Provinciale, published before the English Statute of Wills, writing of the ecclesiastical law of England, says, in an enumeration of those who may not make Wills; “secondly, those not having *sufficient* understanding, as an infant, madman, *mente captus*, and prodigal.”

In the ancient commission, in the nature of a writ *de lunatico inquirendo*, and in other writs of a similar character, the forms of which are given in the Reister Breviarum, the jury are directed to inquire whether “*A idiota et adeo impotens ac mentis suæ non compos existet quod regimini sui ipsius terrarum, tenementorum, bonorum, et catallorum, suorum non sufficit.*” Although, according to Lord Lifford (1 Ridgeway, Cases in Par. 528,) the latter part of this is not strictly descriptive, but explanatory of the reason of the commission, the form is not without significance. The words, taken by themselves, at least seem to convey an intimation, that if the jury found the alleged lunatic utterly incompetent to manage “himself, his lands, tenements, goods and chattels,” they would be justified in returning him “non compos mentis,” though he, at the same time, possessed, more capacity than an absolute idiot.

Among the early authorities quoted in support of the Lisenard doctrine, there are none where the *facts* of the case at all support such an extreme rule.

Osmond vs. Fitzroy (3 P. Will. 129) was simply the case of a young nobleman, who although of less than average intelligence, possessed ample capacity for the ordinary affairs of



life, and whose bond, rather indiscreetly given, was sustained in the absence of proof that it was fraudulently obtained.

In *Willis vs. Jernegan* (2 Atk. 251,) the Court merely refused to grant relief from the consequences of an imprudent bargain.

In *Beverly's case*, (4 Coke 123) and *Bamsley's case*, (3 Atk. 168) the only points which came up for actual decision were irrelevant to the question of the standard of legal capacity.

It was from the expressions used in rendering the decision in some of the above cases, from the marginal notes, and the definitions already mentioned, that the *Lispenard* doctrine seems to have arisen. It was quite broadly stated, though by no means *applied* with such severity, in several instances in this State before the *Lispenard* decision, which instances, served in turn, as precedents for the advance to the extreme position there taken. (See *Van Alst. vs. Hunter*, 5 J. Ch., R. 160; *Jackson vs. King*, 4 Cowen 207; *Odell vs. Buck*, 21 Wend. 142.)

On the other hand, the counsel for the contestants of the Parish Will cited, among the early authorities, cotemporary with these which were claimed to support the doctrine of *Stewart vs. Lispenard*, several cases in which a different rule was distinctly laid down. Coke himself, says in *Winchesh-er's case*, (6 Coke R. 23,) "by law it is not sufficient that the testator be of memory when he makes his Will, to answer familiar and usual questions, but he ought to have a disposing memory, so that he is able to make a disposition of his lands with understanding and reason." So in *Combe's case* (Fr. Moore R. 759,) the dictum of the Court is directly opposed to the *Lispenard* doctrine, and has the advantage over the dicta, which seem to support the latter, in being explicit and capable of but one construction.

As soon as we leave the ancient law and examine the course of modern adjudication, there can be but little dispute as to the direction which that course has taken. Almost the whole weight of argument derived from the modern decisions in England, and in our sister States, is upon the side of the rule stated by Judge Davies, and supported by the authority of

such jurists as Sir John Nicoll, Lord Kenyon, Dr. Lushington, Lord Erskine, and Chancellor Walworth.

The result would seem to be that the decision in the *Lispenard* case was founded upon a too strict interpretation of the language of the early authorities, and it is gratifying to know that it has been overruled. The logical and unavoidable conclusion from that doctrine is, that whoever can tell his own name or count twenty has legal capacity to make a Will disposing of millions. The absurdity of this is manifest. We have endeavored to show that even in the early law there is great doubt whether such an extreme rule ever existed, but, even if such were the case, at a time when mental manifestations had not been an object of scientific inquiry and mental disease was imperfectly understood, the sanction of the rule can scarcely be invoked at the present day.

While, however, the position assumed in the *Lispenard* case has been abandoned, the Courts, in the absence of any suspicious circumstances, would doubtless require proof of a very low degree of capacity before setting aside a Will *on that ground alone*. But in stating *what* degree of mental alienation will avoid a Will we are confronted by a difficulty inherent in the very nature of the subject. In fact no accurate test can be given by which to gauge the understanding. The human mind is not susceptible of measurement. Its manifestations are so complex and subtle, and of such infinite diversity that none can be selected as invariably indicative of a certain amount of intelligence. The *Parish Will* case, while it lays down a more rational rule for deciding questions of testamentary capacity, than that previously established, is perhaps more important as overthrowing the arbitrary standard of the old rule, than as erecting another. Does the matter admit of an exact standard of any kind? After all is said, can testamentary capacity be accurately stated in more definite terms than those of the statute—"sound mind and memory?" The meaning of these words may be *illustrated* by particular instances, but can the condition indicated by them be more precisely *defined*, so that the definition shall remain of universal application? Experience seems to show



that, in a given case, a man of ordinary intelligence, upon a candid investigation of the facts, can form an opinion of this or that person's soundness of mind, which is sufficiently to be relied upon to direct judicial action. This is the most that can be expected in a matter of fact so difficult to discover, and it is doubtful whether any rules can be given, or tests proposed, which would materially aid or influence the formation of such an opinion.

One volume of the proceedings in the Parish Will case is occupied by the opinions upon Mr. Parish's mental capacity of several eminent physicians, some of them distinguished medical experts, to whom the testimony was submitted, and forms a valuable contribution to medical learning.

The most elaborate opinion, embracing three hundred and fifty pages, was given by Dr. John Watson, of the New York Hospital, which displays profound research and the most careful study. With an analysis of the testimony, he gives a complete account of apoplexy and hemiplegia, in their relations to unsound mind, and satisfactorily supports his conclusion "that the organic disease of the brain was the determining cause of all Mr. Parish's ailments; and that the loss of control of his body and limbs, with the various complications of disease attending this, was merely the external evidence of an internal disorganization involving the functions of the mind and body and destroying the integrity of the former." Consequently "that Mr. Parish was, from the primary occurrence of paralysis in July, 1849, permanently and irrecoverably disabled from executing any document of binding force."

The late Dr. Luther V. Bell, of Charlestown, Mass., one of the ablest and most experienced American experts in insanity, after full examination of the testimony concludes his opinion as follows :

"We think we see clearly a progressive tendency of disease in the brain, commencing with *vertigo* (and which might have been connected with hereditary predisposition) manifesting itself in the slighter attacks in Europe, and coming to a climax in the overwhelming stroke of apoplexy, in July, 1849. That there were other and more extensive pathological changes in the brain than such as pure, uncomplicated apoplexy would

occasion, appears highly probable. Indeed, this is nearly certain, for he had from an early period in his disease, very frequent and severe paroxysms of epilepsy. These were so well marked, so perfectly in accordance with the universally recognized manifestations of this not uncommon malady, that one is entirely at a loss to understand why any question is made as to their character, or why the fits should be called ‘spasms,’ ‘spasmodic,’ or ‘epileptiform.’ They were plain, every day epilepsy, nothing more, nothing less.

“There is no evidence that he was subject to epilepsy prior to the decisive apoplectic fit. There is no reason to believe that the specific cerebral lesion, which accounts for apoplexy and its consequent palsy, is ever the cause of or connected with epilepsy. The two diseases, coëxisting, it is highly probable that an augmenting cerebral disease, after inducing apoplexy, perhaps by increasing the circulation within the cranium, or weakening the strength of the vessels, or other incidental cause, went on to produce these epileptic fits.

“I consider that epilepsy occurring as a sequence of apoplexy, would be a most probable ground of belief that extensive disease existed within the brain. And it is hardly necessary to observe, that while some occasional examples of lesion, especially of one hemisphere of the brain, with no mental impairment, are reported, the general law is the reverse. *Where organic brain disease exists, the functions of the organs are impeded; the intellect is perverted or weakened.*

“Even the continuance of epilepsy for a few years in its mildest and most uncomplicated forms, as most general experience amply shows, is not compatible with soundness of mind. The powers of observing, reflecting, comparing, judging, are enfeebled and lost, constituting progressively the various stages of dementia or imbecility—a form of mental impairment running through a wide scale of gradations, until it terminates in almost vegetative fatuity.

“It is worthy of observation, as an important ground to infer the existence of extensive brain disease in Mr. Parish from a very early period, that the constant recurrence of these intense epileptic seizures did not seem, from the evidence of those who looked upon him as intelligent, to have affected his intelligence. He is represented as just the same from the first to the last.

“If, as is most probable, his mind was reduced to a deep grade of dementia, ever after his first attack in July, 1849, and that the belief in his having mind was due to a misinter-



pretation of his sounds and motions, and a self-deception in thinking they meant something, this uniform dead level, this absence of change, under fits, sometimes as frequent as every ten days for many years, is accounted for. But on the assumption that he was perfectly himself, as several of the witnesses believe, from within a few weeks after the apoplexy to within a brief period of his death—undergoing in all that time no deterioration, certainly his case is anomalous and contrary to all ordinary experience.

“To fix upon the degree of imbecility which existed, becomes an important element in deciding upon his competency to execute a valid testamentary instrument. As he could neither speak, nor write, nor communicate, except in a method which, as we have shown, it was extremely difficult to say carried light from the mind within, and was most liable to induce mistake, it is scarcely practicable to say from what he actually did, how low the grade of mental power was. A patient who writes disconnected, incoherent jargon, indicates his mental change at once; one who has a power of ready muscular movement, may indicate his dementia by the absurdity and grotesqueness of his gesticulation, or he may show, by placing himself in positions of danger, that he is reduced below the point at which the instinct of self-preservation remains. To witness an intoxicated man dancing on a railway while the train was approaching, would leave no place for doubt as to his mental incapacity. But when an individual is too much physically diseased to walk, when every effort at muscular motion is avoided, when, from some cause, he can neither speak, write, or communicate in any of the usual ways of such invalids, we must look at all we have—the mere passive indications, and see what they suggest or prove. As an expert in mental disorders, I am ready to stake any reputation I may have, in saying that I regard *the circumstances connected with Mr. Parish's involuntary, disregarded evacuations, as pathognomonic of his condition*. I say that the symptoms alone of a man eating his dinner with augmented rapidity, and fumbling at the same time at the opening of his pantaloons when an involuntary faecal evacuation was about to occur, are precisely such as extremely demented persons constantly exhibit, and such as no others than such demented subjects ever would manifest. Were I *a priori* to lay down the most significant characteristic symptom of such dementedness in cases otherwise in doubt, I could devise nothing more graphic, or more certainly denoting that condition.

“If demented, there can be no more sure proof that it was of that extreme grade which would allow little further deterioration. As there seems scarcely any evidence of change from first to last, it necessarily follows that, if demented, it was continuous and uninterrupted, as well as complete.

“Such is my full belief. And under the whole evidence in the case, in my opinion he never had any comprehension, clear or obscure, sound or perverted, of what he was doing when these codicils were executed, and that they do not in any sense represent any rational act of his own.”

Dr. Isaac Ray, of the Butler Hospital, after a full and clear analysis of the evidence, gives an equally decided opinion. He says, “in consequence of the apoplectic attack in 1849, the power of speech was lost and the mind was greatly impaired during the rest of his life. This impairment was sufficient to render him incapable of any transaction requiring any exercise of thought.”

Opinions were given also by Dr. D. T. Brown, of Bloomington Asylum, Dr. Pliny Earle, formerly of the same institution, Dr. M. H. Ranney, of New York City Lunatic Asylum, and Sir Henry Holland, Bart., M. D., of England, equally conclusive, that Mr. Parish, from organic disease of the brain, was mentally incapable of executing a Will. The only opposing opinion was from Prof. Alonzo Clark, of New York, whose objections, however, were fully answered by Dr. Watson.

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### GERMAN PSYCHOLOGY.

1. *Transactions of the German Society for Psychiatry and Judicial Psychology.* Published by the Members of the same. Vol. V., 1862.
2. *Pathology and Therapeutics of Psychical Maladies: for Physicians and Students.* Prepared by Dr. MAXIMILIAN LEIDESDORF, Teacher of Psychiatry, etc., etc. Erlangen: 1860.
3. *General Pathology of the Mind.* By Dr. ADOLPH WACHSMUTH, Private Teacher of General Pathology and Clinical Medicine, etc. Frankfort: 1859.



4. *What is the Cause of the increasing number of Suicides in modern times, and what are the means to prevent the same: one of the prize questions of the South-German Psychiatrical Society; open to Physicians and Laymen.* By Dr. E. SALOMONS. Bromberg: 1861.
5. *Idiocy and Institutions for Idiots: with a particular view of their condition in the Kingdom of Hanover.* By Dr. GUSTAV BRANDES. Hanover: 1862.

OF the extent of German psychological investigations during the last half century, English readers and psychologists appear to have a very faint conception. This arises no doubt from the fact, that but few English or American psychologists are sufficiently familiar with the German language to read readily and understandingly a treatise on the subject, and but few of their works have been translated into English, though some of them are known to be of transcendent merit. The library of the N. Y. State Lunatic Asylum, embracing as it does those of the late Drs. Brigham and Beck, and numbering several thousand volumes, embraces undoubtedly the largest collection of psychological works in America, if not in the world, and though containing many valuable works on psychology in the original German, has scarcely a translation.

To most English readers therefore, the extensive and profound labors of the Germans in this department, are a sealed book. The French language, on the contrary, though by no means the key to a richer treasury of psychological knowledge, is more generally read, and consequently more French psychological investigations are brought forward.

The pages of the *Annales Medico-Psychologiques* are familiar to most English and American psychologists, and through these we are furnished with a synopsis of French investigations; while the *Zeitschrift für Psychiatrie*, equally able and standing in the same relation to German psychology, is little known, and until very recently seldom quoted from in the pages of English psychological journals.

From the eminence of the Germans in all matters literary, moral and scientific, from the peculiar constitution of the

German mind—their plodding, patient research into the most abstruse subjects—we are naturally led to expect that the subject of psychology has received due attention, and such is undoubtedly the fact; for not long since in looking over a bibliographical enumeration of medical works published during the last half century in Germany, we were surprised at the amount that has been written by the Germans on Psychology. This was what might have been expected. Germany has been called most truthfully the “*land of thought*,” and quite as emphatically it may also be designated as the *land of monographs*. The latter are the natural offspring of the former.

The German fixes upon some subject or branch of a subject and proceeds at once to an exhaustive investigation of it; vast erudition is brought to bear upon it, every phase of it is carefully considered, and when all the knowledge gathered from an extensive range has been brought to the elucidation of it, and the writer has given his neatly printed, paper covered, unpretentious looking book to the world, we feel, on perusal, that in the present state of our scientific knowledge little more can be said upon the subject.

The monograph on Pyromania, by Dr. Jessen, which has lately been noticed *in extenso* in this Journal, may be taken as illustrative of this remark. The writer seems to have posted up and added to his own observations all that has been recorded of interest in relation to his subject since it first attracted the attention of medical men. And this remark is equally applicable to many other German books which have come under our observation, some of which we propose to glance at in the sequel, and the titles of which have been translated above. For a number of the monographs here mentioned we feel called upon to acknowledge our indebtedness to Dr. J. B. Chapin, of Brigham Hall, Canandaigua, formerly Assistant Physician at the New York State Lunatic Asylum, who received them we believe from his friend Dr. Pollok, of the Army Hospital Staff, and a native, we believe of Germany.

1. *Transactions of the German Psychiatrical Society, &c.*



The first article in this number of the Transactions is devoted to a review of the work of Dr. Brandes, on the spread of Idiocy in the Kingdom of Hanover, with an abstract of some of the author's curious and interesting statistical tables. We ourselves intend to notice the work of Dr. Brandes in the proper place.

The second article is entitled "Tetanus with Mental Disturbance: a judicial case, by Dr. Santlus." In this case a young school boy, aged 13 years, was seized with tetanic spasms and mental disturbance, after having been maltreated by his school companions. He had also suffered from excessive muscular exertion, exposure to the sun, &c. which circumstances were also supposed to have operated upon an excitable nervous organization, in calling up the phenomena in question. He was an intelligent lad, always at the head of his class, but timid and easily shocked. The case is an interesting one, fully reported, and occupies about twelve pages of the Transactions.

Article third is "Upon the Condition of the Urine in the Insane, by Dr. Voppell." It is an elaborate paper of 40 pages, made up chiefly of tables recording the condition of the urine as to color, specific gravity, acidity, alkalinity, &c., in various forms of mental disease. The observations appear to have been carefully made and recorded, and conducted thus may, when sufficiently extended, lead to some valuable practical results.

The last paper in this volume of the Transactions is devoted to "Casual Diseases of the Nervous System," and is by Dr. A. V. Franque.

2. The monograph of Dr. Leidesdorf, *On the Pathology and Therapeutics of Psychical Diseases*, appears to have met a want which has long been felt in this country, as well as in Germany, viz., a clear and concise treatise on mental diseases, intended especially for the use of students and general practitioners. The author in his preface remarks most truly that, "Practical physicians are frequently placed in circumstances where they can call no specialist in consultation over cases of insanity, and must themselves assume the responsibility of

their early treatment, and it can be maintained with great truthfulness, that the ultimate result, favorable or unfavorable, of cases of incipient mental disease, hangs in a marked degree, upon the judicious or injudicious treatment adopted by the general practitioner into whose hands the patient first falls." This want Dr. Leidesdorf has endeavored successfully to meet, and we only wish his book could be translated and find a place on the library shelves of every general practitioner in this country, as well as in Germany.

The doctor treats his subject under the following heads :

- I. Seat and Elementary Conditions of Psychical Maladies.
- II. Ætiology of Psychical Maladies.
- III. Division of the same.
- IV. Conditions of Depression.
  - A. Hypochondria—Treatment.
  - B. Melancholia—Treatment.
- V. The MANIACAL—or the Condition of Exaltation.
  - A. Raving madness (Tobseuchtigen)—Treatment.
  - B. Mania—Treatment.
- VI. Condition of Psychical weakness.
  - A. Silliness.
  - B. Dementia—Treatment.
- VII. Paralytic Dementia—Treatment.
- VIII. Epilepsy and mental disturbance—Treatment.
- IX. Pathological Anatomy.
  - A. Abnormalities of the skull.
  - B. Abnormalities of the membranes of the brain.
  - C. Abnormalities of the appendices.
  - D. Abnormalities of the brain substance.
  - E. Abnormalities of the vessels of the brain.
  - F. Consequences of effusion.
  - G. Abnormalities of the above organs and their relation to the mental disturbance.

3. The monograph of Dr. Adolph Wachsmuth, *On Mental Pathology*, is a very able and comprehensive treatise of nearly 350 pages on this subject. It appears to be what it is designated by the author in his preface, "a faithful picture of the



development of his own psychiatric attainments, in preparing himself to lecture on this branch in the University of Gottengen, which had hitherto been destitute of all clinical instruction in Psychiatry. He says: "I have written down, according as my own acquisitions were formed during a long endeavor to attain an adequate knowledge of psycho-pathological conditions; hoping by it to impart to others, learners as well as practitioners, a more comprehensive knowledge of the subject."

The author, doubtless to accomplish his purpose of a clear, minute, and comprehensive classification of his subject, has treated it under one hundred and nine distinct paragraphs or subdivisions, and each of these subdivisions is not only very concise but at the same time comprehensive. By this means he has succeeded admirably in relieving the reader of that tediousness which sometimes, indeed too frequently, attends the usual continuous mode of treating an obscure scientific subject.

In his introduction he defines the meaning and methods of mental pathology, the seat of psychical maladies, the organ of their activities, and refers to the different schools, spiritualists and somatists.

In book second, under the general head of pathology of the mind, he speaks of the elements of psychical phenomena and the general pathology of these elements, the general mode of conceptions, of recollection, attention, etc.

Under the head of *feeling*, he treats of its general mode of origination, of the meaning of mind, temperament. dispositions, affections, passion, etc. He then proceeds to treat of instinct, aspiration, will, freedom, accountability, etc. In the second book the author thus speaks of the definition of mental disease:

"The definition of mental disease is as difficult if not more so than that of disease of the body, and, as in the general pathology of bodily life, we can here also say, mental diseases are modifications of mental life, which under certain circumstances receive the name of disease."

The author then proceeds to treat of the general mode of

origination of psychical diseases and the symptoms, consequences, etc., of various kinds of mental disturbance.

In his first division of book second, he treats of melancholic disturbances and their consequences in relation to motion, nourishment, conceptions, etc., with some highly interesting illustrative cases, showing that the conduct of the patient, whether criminal or otherwise, is dependent upon the mental affection, and upon erroneous ideas. In the second division of this portion of his book, the author treats of maniacal disturbances, their symptoms and consequences, in relation to sensation, motion, conception, and the conduct of the patient, whether criminal or otherwise. In paragraph 68 the author speaks of the so-called lucid intervals of the insane, particularly in their forensic relations. He remarks that, "the criminal codes of Bavaria and Hanover, hold that if the crime has been done by predetermination during a lucid interval, the condition can be considered as a ground of amelioration, and the punishment cannot be inflicted upon those who have relapsed into the former condition of disease. In this condition of the law the author observes that there lays a two-fold danger, inasmuch as punishment is sometimes made to fall too lightly on crimes committed during a lucid interval of a periodical disease, and sometimes too heavily on those committed immediately before or after such interval."

In the next place the author proceeds to treat of mental delusions, the conditions of origination of sensual illusions, of hallucinations, and the consequences of these, as they occur in individual senses, hearing, sight, touch, smell, etc., and also of contemporary illusion of several of the senses. The above conditions are amply illustrated by cases.

He then proceeds to treat of mania, its manner of origination, meaning, consequences, etc., and what he calls "the attributes of the new I," and of mania in relation to criminal actions, with illustrative cases—mania in complication with general paralysis.

In the last division of his subject the author takes a view of the various conditions of psychical weakness or impair-



ment, their manner of origin, and general symptomatology, in relation to both disposition and understanding. Under this division he treats of 1. dementia, (mental weakness or folly;) 2. confusion, (verwirrtheit,) irritative, acute and apathetic dementia, with illustrative cases.

Under the above classification the author has treated his subject with much learning and ability, and added to German psychological literature a work of standard excellence, and we take our leave of it with the expression of a desire that at no distant date we may see a complete and accurate translation of it into the English language.

4. The monograph of Dr. Salomons on Suicide is one of the essays sent in to the prize committee in competition for the prizes offered by the South German Psychiatrial Society, for the best essay on the question, "What are the causes of the greatly increased number of suicides in modern times, and what are the means of preventing the same."\* This essay does not so much discuss the causes of suicide, as the proposition set forth in the first clause of the Society's question, viz., that suicides have increased in modern times, in a ratio out of proportion to the increase of population. This proposition is doubted by Dr. Salomons, who thinks that neither the statistics of our own or former times, justify such a conclusion, and that both are too imperfect to determine the question with any degree of accuracy.

Statistics, however, making due allowance for imperfections, rather tend, in the opinion of Dr. Salomons, to show that suicide has diminished rather than increased, in proportion to the increase of population. Besides, in the opinion of Dr. Salomons, sufficient care has not been taken to separate the statistics of large cities from those of the country.

This, in the estimation of Dr. S., is a matter of much importance, in arriving at any correct conclusions in relation to the increase of suicides in our day, inasmuch, as in the language of Dr. S., suicide is a sure and certain accompaniment of *centralization*, and provided it could be distinctly shown

\* The prize was awarded to Drs. Hasse and Hoffbauer.

by statistical tables, that it has increased in modern times, the explanation will be found in political, industrial, and intellectual *centralization*.

That an essay which appears to combat successfully the first proposition set forth in the question given out for discussion, should fail to be crowned with a prize, is by no means strange, and that the author, not having been successful in disposing of the hard earned fruits of his labors in one market, should be found bringing them to another, viz., the bar of public and professional opinion, is also not to be wondered at.

5. The monograph of Dr. Brandes on Idiotism and Institutions for Idiots, though written with special reference to the kingdom of Hanover will commend itself to the humane and philanthropic, whether lay or professional, learned or unlearned, wherever the German language is spoken. In glancing over the 140 pages which make up the treatise, we can not restrain our sympathies with the author in the good work he has undertaken with so much zeal, learning and ability. We can readily believe him, when he says in his modest preface, "The little monograph which I hereby commend to the heart of the reader has sprung from an endeavor to help the unfortunate, weak-minded and idiotic in their most deplorable condition; and to mitigate the sufferings of a class of patients who do not complain, and to speak a word for those who can not plead their own cause."

The following remarks taken from the same preface are quite as applicable to the condition of public feeling in respect to the weak minded and idiotic in this country as in Germany :

"The interest for the improvement of the condition of the imbecile and idiotic in our country is as yet very new, and has taken but slight root even with those who, next to the physicians, must be regarded as its most prominent advocates. Unto such, therefore, are these pages chiefly dedicated, not to place before them any new scientific researches on the question, but for the purpose of reminding them of the humane mission which medicine and science has undertaken, and to impress upon them, that the inward satis-



faction in the exercise of their calling, does not so much consist in the erection of houses of reception, those shining and sounding signs of their achievements—or in the discovery of new vessels, cells, etc., as in the work for the amelioration of the condition of their fellow men.” The author appeals strongly at the same time to laymen and the non-medical public, to contribute by their efforts to the improvement of the condition of the imbecile and idiotic, and speaks of the dissemination of a proper knowledge of the subject as the best means of awakening an interest in it.

The treatise under consideration appears to have been written in accordance with a demand of the committee for the establishment of asylums or educational institutes for the imbecile and idiotic children in the kingdom of Hanover, and the materials were gathered by the author from a journey made by order of the minister of the interior to the principal institutions for idiots in Germany. The statistical tables which accompany the work are interesting, and appear to have been drawn up with much care and pains. But one of the most interesting appendages to the treatise is a colored chart, showing the prevalence of idiocy and cretinism in Hanover, in relation to population, geographical position, etc.

The author has treated his subject at length, under twenty-three distinct heads, first taking up idiocy and cretinism, between which diseases he makes the following distinction: “Idiotism,” says he, “is a symptom of various forms of disease affecting the central nervous system. Cretinism is a constitutional disease, the appearances of which are manifested in various textures, in the brain, in the bones, the skin, the cellular tissue,” etc. “The cretin bears the impress of deep constitutional disturbance of the whole organism, in general deformity of structure, to a degree which is not apparent in idiocy.” He gives the symptomatology, forms and complications of both these diseases, and treats of the development of dementia as an accompaniment of idiocy and cretinism. He also dwells at length on the prognosis, diagnosis, duration of life, manner of death, etc.

From the curious chart which accompanies the work of

Dr. Brandes, it would appear that the spread of idiocy is very different in different parts of Hanover, some portions containing one idiot only to thirteen thousand inhabitants, others one idiot in every thousand, while, as would appear from the chart, some small portions of the Kingdom, strange as it may seem, contain no idiots whatever.

It would appear that extensive efforts are now being made by the public authorities in Hanover to mitigate the sufferings of this unfortunate class, by the erection of asylums and educational institutions for them. And much attention is being devoted to internal construction, management, and to hygienic, medical and moral regulations.

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## S U M M A R Y .

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### LETTER FROM DR. J. PARIGOT.

HASTINGS-UPON-HUDSON, October 2, 1862.

*To the Editors of the American Journal of Insanity :*

GENTLEMEN : Having lately been favored by Dr. D. Tilden Brown, of Bloomingdale, with the perusal of recent European journals on insanity, my attention was particularly attracted by an article in the *Medical Critic*, (July, 1862,) having for its title "Colonization of the Insane by the Legislature."

According to the spirit of this and other articles, Gheel is evidently the great fulcrum upon which the reform of asylums shall, in the future, be operated. The celebrated writer, Brierre de Boismont, has given an exposition of the historical development of the colonization of the insane, and thus became, from an enemy, one of the warmest defenders of the *free-air treatment*. All this is very well, but when I find this article saying that since my arrival here I have modified my psychological opinions, it goes too far, and is no more warranted in this assertion than in its statement that I proposed asylums should bear upon their portals, *Lasciate ogni speranza voi ch' entrate !* I never said such a thing, even in



my first memoir where Dante's verse is mentioned. And in your esteemed JOURNAL, (January, 1862, p. 339,) is to be found an extract from a paper analyzed in *Winslow's Journal* of last year, in which it is reported that I said, "The great aim of medicine was to make every asylum a hospital for the cure, not a prison for the detention of the insane, and that asylum was a most perfect one, which could rightly have inscribed in great letters above its gates, "*Ici l'on qu rit pour en sortir au plus vite,*" ("Quick to cure, reluctant to detain.") As you see, it is just the reverse of what the article pretends.

Passing over some opinions on Gheel given by Guislain, who was known to be prejudiced against the *free-air* system, we come to a curious error committed against the very principles contained in the paper I have presented to this number of your JOURNAL. At p. 436 of the *Critic*, we find the following paragraph about moral treatment: "It tends rather to countenance that recent *heresy* which confers an undue prominence and importance upon *moral agents*, which obscures, if it does not exclude, the *grand truth* which lies at the bottom of all treatment of the insane—that insanity is a symptom of a disease of structure—and which suggest the notion that if affections of the nervous system are amenable, exclusively or chiefly, to amusement, education, appeals to reason, or the sense of the ludicrous, such means of cure or alleviation could be better or more dextrously and delicately applied by men, not necessarily belonging to the medical profession, but who have made the human mind a matter of special investigation." We oppose this doctrine first, because it denies the *unity* of the human mind, implying the error that moral suffering should have no effect on the body, and that *vice versa*, the relief of that suffering or error should not reach the diseased organ. Secondly, because none but the psychopathist can properly apply the convenient and special means, either moral or physical, to cases of insanity.

Then, gentlemen, I find to my great astonishment, the reproduction of a confidential letter, which certainly I never thought of making public. There is a French proverb, *Toutes les v rit s ne sont pas bonnes   dire*, which may be applicable

in this instance. I find myself, therefore, obliged to give some explanations; but as the subject is interesting and comes to the point of discussing the value of Gheel, they will be hereafter presented in a review of the more valuable pamphlets and articles lately published on the free-air system. At present, I will content myself with saying—and it is with disgust that I am obliged to divulge the reasons which impelled me to quit Gheel, but it has now become an obligation forced upon me by the indiscretion of an European friend—that the *clique* I had to contend with from the first day of my arrival at Gheel to the last day, was composed, first, of the brokers in insanity alluded to in my letter; and secondly, outside of Gheel, of the governmental *bureaux*, who, secretly, did every mischief they could to that institution, because the free-air treatment was too strong a competitor to the establishments kept and undertaken by the catholic clergy. Undeniable public documents, still in my possession, were the occasion of my notifying the government that I had decided to leave Gheel.

The remarks following my letter in the *Critic* are very curious. “It is the utterance of a partisan, of an enthusiastic admirer of Gheel, who has become familiar with other manifestations of benevolence.” My statements are the “legacy of one dead to *European civilization* (!) and surrounded by new social arrangements, by a moral atmosphere of heavy pressure, rapid circulation, and with an intense tendency to new and *extravagant forms of organization*” (!) My answer to this is, that my creed remains the same. Family life and free-air treatment, by answering our moral and physical necessities, are and must be the only system that can satisfy the real philanthropist. That treatment, even disguised or modified, will be found superior to that of any closed asylum. I never doubted that this latter treatment was a benevolent, although mistaken means to cure insanity, but inadequate to the great majority of cases, and applicable to only a tenth part, perhaps, of those confined in asylums.

Now in regard to the third paragraph of the article, I beg leave to observe that, it is a most unfortunate idea to license



inexperienced peasants to keep, each four insane boarders, unless it be under the direction of responsible physicians, having full power to remedy all the defects or wrongs they may observe; and moreover, if such institution was composed of only a few isolated farms, it would become the worst of asylums. The question of the importance and relative sphere of action of the medical centre, I propose to elucidate hereafter in a special paper. The utter ignorance of the christian charity and special aptitudes of the Gheelois, is the cause of the absurdities and untruths contained in the following assertion of the *Critic*, viz: "That the Gheelois are the immediate representatives, the pupils, the heirs of a system characterized by some cruelty, considerable neglect and coercion, and much superstition."

I conclude by saying, that I do not see how I am "dead to civilization" by trying to induce the free-air system in America. If my (so called) *extravagant form of organizing asylums* has not yet been adopted here, I have no doubt that it will soon succeed in both hemispheres under the influence of those who, involuntarily perhaps, contribute to its introduction.

I remain, gentlemen,

With much respect, your devoted,

DR. J. PARIGOT.

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ROCKWOOD ASYLUM, KINGSTON, CANADA WEST.—Not long since, in passing through Kingston, we took occasion to visit the institution now in course of erection at Rockwood, in the suburbs of Kingston, and were shown over the portion completed, and also the plans of the edifice, which, if carried out, will furnish in an architectural point of view, one of the most complete institutions for the insane on this continent. The following memoranda were politely furnished us by Dr. Litchfield, the Superintendent. We hope to notice the full completion of the admirable design shown us at no distant time:

"The asylum now in course of construction at Rockwood, near Kingston, Canada West, is intended for three classes of the insane, 1. Convict lunatics who become insane in the

provincial penitentiary, after their conviction and committal there. 2. Lunatic criminals who commit offences at the time that they are insane, and are not convicted of the offence, but on the ground of insanity are sent to the asylum. 3. Lunatics dangerous to be at large who are sent to jail because it is dangerous to the public to leave them at liberty. The last class furnishes the largest proportion of the insane in the asylum at Kingston.

The Asylum was so far advanced in its construction in August, 1862, that the centre building is erected, four stories above the basement, and arranged with Superintendent's office, apartments for assistant medical officer and matron, six dining-rooms for patients 35 by 14, separated by short corridors from the long corridors and dormitories of the wings; a chapel, 51 by 33; vestibule, 23 by 13½; three halls, to be adapted as recreation-rooms and reading-rooms, one on each floor, 51 by 20; bursar's-office and store-room, 35 by 14; and servants' dining-hall, 35 by 14. In the same central building is also space for the hot air or Turkish bath in convenient proximity to both wings, if its eventual introduction into the asylum should be decided upon.

The wing east of the centre building is completed three stories above the basement, and the eastern extremity of that wing, four stories. Each floor constitutes a distinct ward, with a corridor 132 by 14; nineteen single dormitories, 11 by 7, and 12 feet high; one sitting room, 33 by 16; one semi-octagon ditto, 20 by 15; one associated dormitory, 22 by 12; one attendants' room, 19 by 12; a visiting room for friends of patients, 19 by 11; a clothes-room, bath-room, water-closet and drying-closet, and a lobby, 39 by 7, leading to staircase and private entrance.

The fourth story, at the extremity of the east wing, contains the hospital, 33 by 31; a convalescent ward 22 by 12; attendants' room, 19 by 12; friends' visiting-room, 19 by 11; bath-room, water-closet, and other necessary conveniences.

The excavations for the west wing are completed, and the mason work will be commenced immediately, all the cut stone prepared in the penitentiary being ready on the ground.

A range of buildings are nearly completed, which will extend at a right angle from the centre of the building down to the lake. The distance is between 400 and 500 feet. The range will include kitchen, scullery, larder and store-room, bakery, bread-room and flour store, wash-house, drying-room, and ironing-room, seamstresses-room, and two store-rooms for



clothes and linen, rooms for engine, fan and boilers, fuel-sheds, gasometer and gas-house. A range of work-shops terminate in a convenient and large wharf, at which all the fuel and produce used in the asylum can be landed. The gas it is proposed to make from petroleum obtained in the province.

The asylum will be warmed by steam, and ventilated by a powerful fan. The wind in this locality blows for nine or ten months of the year, down the lake, from the south-west—the building on its water front looks due south, and the ventilation will be materially assisted by the prevailing currents of wind.

Additional wings extending from the east and west will ultimately be added to the building. The land tends gently towards the water, and to avoid obstructing the views it is proposed to build the walls at the sides of the airing-ground, and on the margin of the water, as sunk fences on the plan of the *ha-ha*-walls used in England. In front of the building there will be no wall or enclosure. The views in every direction are very fine. To the north, the undulating and wooded country rising from the valley of the St. Lawrence; to the east, the mouth of the St. Lawrence, the city of Kingston, Garden Island and the entrance to the Thousand Islands; to the west, Lake Ontario and the Bay of Quinté; to the south, Simcoe Island, Long Island, Carleton Island, and, in the distance, Cape Vincent.

Large tanks have been provided in the attic for water, to be forced up from the Lake by the steam engine. In the quadrangles will be placed hydrants with a powerful head of water, which may be used as fountains without waste of water, and as a defence in case of fire.

The windows of the principal or north front are constructed of the full size outside, but partly built up with brick inside, and covered by venetian blinds to take away the prison like appearance of small windows. The frame of the window, and the iron guard correspond, in size and shape so that no iron bars or barrier can be seen when the window is closed. The building is as near fire-proof in its construction as is consistent with economy. It is built entirely by convict labor, of stone quarried by convicts on the penitentiary land. It will be a very cheap building to the province.

The architect, Mr. Coverdale, is instructed to confer with the medical Superintendent, Dr. Litchfield, in constructing the building, so that errors may be avoided, and all admitted improvements adopted. A portion of the building is already occupied by male patients, and it is expected that accomoda-

tions for 120 patients will be provided by next midsummer. When completed, the asylum will accommodate about 400 patients."

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SIEGBURG.—The following results of the operations of the Asylum at Siegburg for the year 1860, may not be uninteresting to the readers of the JOURNAL. The Siegburg Asylum, as is well known, is the oldest institution in Germany, conducted on modern principles, and has long been directed by Dr. Jacobi, the oldest and most distinguished of German Psychologists:

"In the beginning of the year the number of patients in the institution was 193; the number of new cases received during the year was 284, making altogether 477 which had been under treatment. The number discharged in the course of the year was 241—males 117, females 124—Catholics 175, Evangelists 65, Jews 1.

"The curative results were as follows: Discharged recovered 79—34.80 per cent; improved 108—47.58 per cent; died 20—8.81 per cent; total 227.

"Of the number which left the institution 12 were taken away during the course of the treatment, and 2 were discharged as not being insane."—*Prussian Medical Times*, No. 14, 1861.

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HOMICIDAL INSANITY.—A case of great interest has lately been published by Dr. Yellowlees, of Morningside, under the title of "Homicidal Mania, a biography." The subject of the memoir was one William Smith, who for years was perhaps the most dangerous lunatic in Scotland. He was, originally a carpenter and joiner, but afterwards turned printer, publisher, author and musician. There can be no doubt that his mental faculties were originally of a superior order. He was of an extremely "touchy" disposition, and was constantly trying to obtain redress at the hands of the law for petty annoyances from different persons. Failing to obtain what he considered justice, he gave himself up to the passion of revenge, and the remainder of his long life was spent in endeavoring to take the life of every person with whom he came in contact. Besides his homicidal propensities there was in the latter part of his career other clear evidence of insanity and brain disease. The autopsy revealed three dis-



tinct softenings of the brain, one about the size of a filbert in the right corpus striatum, another under the floor of the posterior cornu of the right lateral ventricle, and a third in the left thalamus opticus. There was besides an atheromatous condition of all the cerebral arteries, and thickening and opacity of the arachnoid. Three years before he died, he had a slight apoplectic attack. The most remarkable fact that the examination revealed was a diminution in the size of the head. "On comparing the cast of the head taken after death with another taken seventeen years before, there was found to be a very remarkable difference between them, not in form only, but also in size, the head having become less during these seventeen years by an amount equal to at least twelve cubic inches." The confirmed insanity of the case, however, does not entirely disprove that at the outset Smith was a responsible agent. The facts that he at first attempted to obtain legal redress, that he was clearly aware of the nature of the crimes he contemplated, and of their consequences, and that at the asylum in which he was first confined he managed to behave so well that he was liberated as sane, might reasonably be held to prove such a perception of right and wrong, and such a power of will as would constitute responsibility. It even might be suggested that the brain disease in the first instance was as much the result as the cause of his morbid mental excitement. If undue intellectual activity will induce cerebral affection, it would be hard to prove that undue activity of an emotional or moral character may not have the same effect. Whatever view, however, be taken of the case, it was in many respects a peculiar one, and the profession is much indebted to Dr. Yellowlees for the very able and full account of it he has drawn up.—*Medical Times and Gazette*, September 6, 1862.

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HOMICIDAL MANIA.—Dr. Yellowlees read a paper on "Homicidal mania: with Medico-Legal and Physiological comments."

The President stated that he perfectly remembered the individual whose case had been recorded. At that time he appeared to be rather good-tempered, and was very vain of his powers of music and singing, as well as of his literary abilities.

Dr. Thompson, Perth, must express the pleasure with which he had listened to the very interesting case narrated by Dr. Yellowlees, although he could not enter on so wide a subject, and one which presented so many ramifications as that of

homicidal mania. One very important feature of homicidal mania, and one which involved a great medico-legal difficulty, had never yet been perfectly handled; he meant the circumstance that the individual might have *induced* the tendency to mania by habits of intoxication. This was a striking feature in the case of a young man who was tried at Edinburgh for the murder of his grandmother, was found to have been insane at the time of having committed the homicide charged, and was admitted into the general prison, Perth, in February, 1859. The man was a sailor, and returned home after a fit of hard drinking extended over several days. He complained of illness, was sleepless and terrified, and fancied that he was pursued by imaginary persons. Two days afterwards he stabbed his grandmother with a breakfast knife repeatedly in the throat. This individual had never shown the slightest symptom of insanity since the homicidal act. Dr. Thomson might remark that out of fifteen cases of prisoners in confinement in the Perth prison for crimes ascribed to homicidal mania, seven or eight had never, since they came under his care, manifested anything but slight weakness of mind; in fact, they had appeared quite rational immediately after the act. It was a very serious question what was to be done with these persons. Dr. Thomson's impression of the individual whose case had just been narrated, was rather different from what had been conveyed by Dr. Yellowlees. Dr. Thomson thought that from the eccentricity of the individual, he must have had a peculiar original tendency to insanity, that in fact he must have been insane from an early period of life.

Dr. Haldane had listened with much interest to the facts mentioned by Dr. Yellowlees, in reference to the diminution in the size of the cranium in the case he had narrated. The brain naturally shrank as life advanced, and as the absolute amount of the cranial contents could not vary, the diminished quantity of cerebral matter was made up for in various ways. There was an increased amount of serum in the cavity of the arachnoid, and in the tissue of the brain; the ventricles became dilated and filled with serum; the membranes became thickened; and finally it was not unusual to find increased thickness of the cranial bones. It would appear, however, from Dr. Yellowlees' case, that the size of the cranium might absolutely diminish, and thereby adapt itself to the diminished quantity of its contents. A point worthy of notice in that case was, that though the brain was atrophied, the lateral ventricles were not increased in size and contained little fluid,



which could not have been the case unless the capacity of the cranium had been diminished.

Dr. John Struthers remarked that there was a general idea that in old age the bones of the skull became thinner; he had, however, in various cases been led to believe the contrary, and he was glad to find that Dr. Haldane had made the same observation.

Dr. Gairdner thought that in many cases the skull became thinner in old age; no doubt, it sometimes became thicker, but in these cases Dr. G. thought that this was the result of disease, such as epilepsy, or of some constitutional taint. For the skull to become thin in old age was, in Dr. Gairdner's opinion, the physiological change. There were too ways in which observations might be made regarding alterations in the size of the skull. First accurate measurements might be taken of the cranium of the same individuals at different periods of life. Second, series of crania might be examined, sufficiently numerous; and when the ages of the subjects were known, Dr. Gairdner believed that it would be found that diminution in the size of the skull would be found to be of more frequent occurrence than Dr. Yellowlees supposed, that in fact it was a physiological condition.

Mr. Benjamin Bell might mention in reference to the question of change taking place in the dimensions of the cranium, that Mr. Kiernan had once informed him that after a year spent in Paris, during which he had worked harder than at any former period, the hat that had fitted him on his arrival was far too small at the end of the time. Mr. Kiernan's accuracy of observation was too well known to allow it to be supposed that there was any fallacy connected with this statement. If, therefore, the brain could increase in size in adult life, and determine a corresponding increase in the dimensions of the cranium, it was not surprising that a diminution in the size of the brain should lead to a diminution in the size of its bony case.—*Edinburgh Medical Journal, Dublin Medical Press, August 20.*

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DIPSOMANIA.—Within the last few years the word dipsomania has been coined to express that craving for intoxicating liquors which, according to some physicians, partakes of the character of insanity. Now, although a fit of intoxication is undoubtedly an attack of temporary mania, yet it seems to me a highly unphilosophical view (and, one too, which is

fraught with the greatest danger to society) to regard a dipsomaniac as an irresponsible being; to look upon him, in fact, as an individual affected by some recognized form of lunacy. Hard drinking is a degrading vice, and like many other vices, the more freely it is indulged in, the more difficult is its discontinuance. It seems absurd to say that the desire for alcoholic stimulants is a disease—that it is symptomatic of some cerebral condition, unless, indeed, we say the same of every act of wickedness or folly. Not only is the experience of the dead-house against such a view; but if we set aside this evidence as being of little value, we yet know that there is no difficulty in curing the most inveterate sot, provided we are but able to deprive him of his poison. The fact is indisputable, that many who drink to excess, can be persuaded to abstain temporarily, if only a limit to their abstinence be fixed, so that they may enjoy the anticipation of a debauch; while a few can be so influenced that they renounce this habit entirely.

The drunkard is a nuisance to himself and all who are brought into contact with him; and it is to be regretted that there are no legal means of controlling him until he is cured of his folly. The man who attempts suicide by some summary process is liable to imprisonment; while he who slowly poisons himself may proceed to certain destruction with impunity. He may ruin himself and his family, but so that he breaks only moral laws and obligations he can not be stopped in his downward career. The welfare of society demands some place of detention for such men: and even if an act of parliament can not be obtained to sanction the necessary interference with the liberty of these misguided people, yet I believe that there are many who would voluntarily enter and submit to the rules of an institution for the cure of drunkenness. Mr. Dickens in his “American notes” mentions the case of a man who got himself locked up in the Philadelphia prison, so that he might rid himself of his propensity to drink; where he remained in solitary confinement, for two years, though he had the power of obtaining his liberty at any moment that he chose to ask for it. Patients have more than once told me that they would gladly submit to any treatment or surveillance; but they have also said that, without restraint all else would be useless, for they could not trust themselves.—*Manual of the Practice of Medicine by T. H. Tanner, M. D., Dublin Medical Press, August 27.*



CASE OF EPILEPSY WITH MANIA FROM TUBERCULOSIS.—A peasant-maid, aged 20 years, affected with epilepsy with mania, suffered during an attack a contraction of the right elbow-joint, which remained permanent till death. In the dead body the joint was again flexible. On a *post-mortem* examination tubercles were found in the brain, not only at the base but in the ventricles, beside the choroid plexus, likewise in the liver and lungs, and also extensive ulceration of the intestinal canal. The tuberculosis of the brain must be regarded as the cause of the epilepsy and mania, inasmuch as, according to the history of the patient, the duration of the mental disturbance corresponded with the development of the tuberculosis.—*Allgemeine Zeitschrift für Psychiatrie*.

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CLINICAL INSTRUCTION IN INSTITUTIONS FOR THE INSANE.—It has been determined to erect two new institutions for the insane in Hanover, of a capacity to accommodate 200 patients each; one at Gottingen, in which clinical instruction will be imparted, and the other at Osnabruck. For each of these institutions the sum of \$230,000 has been appropriated. Dr. Snell, medical councilor, has furnished the plans, and the architect has been employed to visit other institutions to obtain the necessary information.—*Allgemeine Zeitschrift für Psychiatrie*.

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APPOINTMENT.—Dr. A. O. Kellogg, of Port Hope, Canada, has been appointed one of the Assistant Physicians of the New York State Lunatic Asylum.

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## SIR GEORGE SIMPSON'S CASE.

SUPERIOR COURT, MONTREAL.    THE REV. JOHN FLANAGAN,  
PLAINTIFF, VS. DUNCAN FINLAYSON, ET. AL., DEFENDANTS.  
MSS. CASE.

This is a recent Canadian case, which will be read with interest, on account of the question of insanity therein raised. We give at length the testimony taken during the trial. The facts upon which the controversy arose are, briefly, as follows :

Sir George Simpson was a man of large wealth, the President of the Hudson's Bay Company, residing at Lachine, Canada East. During the two years preceding the first of September, 1860, he suffered one or two premonitory attacks of disease of the brain, and upon that day was completely prostrated by an attack differently described by his attending physicians, as "a fit of epilepsy, threatening apoplexy," or "hemorrhagic apoplexy, attended with epileptiform convulsions." He lived a week under this attack, and died upon the 7th of September, 1860.

During this week, he labored during a large portion of the time, under maniacal delirium. Upon the 3d and 4th of September he signed several checks, the amount of which, it was alleged, he intended as bequests to the respective payees. One of these payees, the Rev. John Flanagan, brought an action in the Superior Court at Montreal against Sir George



Simpson's executors, to recover the amount of the check drawn to his order, alleging that the said check was a valid gift, made by Sir George during a lucid interval. Payment was resisted upon the ground that no such lucid interval existed when the check was drawn, and that at no time, after the attack of September 1st., was Sir George of sound mind and memory.

The merits of the case will best appear by an examination of the testimony.

Mr. Hopkins, Sir George's Private Secretary, testified as follows :

"I am not related, allied or of kin to, or in the employ of any of the parties in this cause; I am not interested in the event of this suit.

*Examined on the voir dire.*—I am the Edward M. Hopkins whose name appears as a legatee for \$5,000 in the paper purporting to be in the nature of a codicil to the last Will and Testament of the late Sir George Simpson, mentioned in the pleadings in this cause, of which paper writing a certified copy is filed by plaintiff as his Exhibit No. 5. I have not, in any way, released the estate of the said late Sir George Simpson from liability to pay me that legacy, and my present intention is to recover that amount if I can.

I know the parties in this cause; I was very intimate, for the past twenty-five years, with the late Sir George Simpson, of Lachine, and acted as his Private Secretary for more than twenty years. I was in his company, I may say, every day, and all day, and was never separate from him except for short periods. I always accompanied him on his annual visits to the North-West.

On the 1st of September, 1860, he was taken ill while driving from Montreal to the Hudson's Bay House at Lachine, where he lived, and was immediately taken home, and then assisted into the house by Mr. Hector McKenzie and myself with the driver. We made him a bed upon the floor in the drawing room, and Dr. DeCouagne was summoned immediately, as well as Dr. Sutherland, who was sent for to Montreal, and arrived three hours later. Dr. De Couagne

reported him dangerously ill, and Dr. Sutherland concurring in the same opinion, I telegraphed to Mr. Angus Cameron, his son-in-law, at Toronto, in the following words: "Sir George has had a fit of apoplexy; his medical advisers think his case serious."

When first brought in, Sir George had frequent attacks of epilepsy, which subsided in the afternoon, when, by Dr. Sutherland's advice, I telegraphed again to Mr. Cameron as follows: "Sir George is better; do not come down till you hear further." Early on the 2d, I went to see him, and his mind was quite clear, and he appeared to me convalescent. He was anxious to converse on business, though I dissuaded him from so doing, but to satisfy him, I repeated the substance of a number of letters which he inquired about. On the 3d, I went, at about seven or eight o'clock, to see him. He appeared better, but was impressed with the belief that his case was more serious than we supposed, principally in consequence of something Dr. Sutherland had said to him. He inquired very particularly about the letters by that morning's mail, the substance of which I repeated to him, instead of reading them. One was from General Bruce, respecting some horses Sir George had given the Prince of Wales. Sir George thereupon mentioned which horses he wished to be packed and forwarded to the Prince; and begged I would attend to that matter immediately. Another matter he spoke about was a pending suit between the Ebbuvale Company, for whom he acted as Attorney, and the Ottawa and Prescott Railroad Company. He begged me to write to the Ebbuvale Company, stating that, as he could not now act as receiver, he would recommend Mr. Harris, of Ottawa, for that office. He next asked if I knew where his Will was. I replied, one copy was in the safe, (then at the Hudson's Bay House,) and a duplicate was at the Bank of British North America, in Montreal. He replied, "Quite right; be sure you send the copy here to Mr. Finlayson," (one of the defendants.) He expressed his desire to do something for his faithful servant, James Murray. I stated I thought he was perfectly satisfied, and that I would advise him not to trouble himself upon



such matters. He persisted, however, and requested me to go to the office and draw a check in Murray's favor, for £300, and to bring it to him for signature. This I did, and after the check was signed, I cut it from the check book and Sir George handed it to Murray himself, with some kind expressions of his regard for him.

That afternoon, at the suggestion of the medical men, I telegraphed Mr. Cameron, as follows: "You had better come down with Sir George's daughters without delay; an unfavorable change has taken place."

On the 4th of September I went early to the Hudson's Bay House, and was told, on arrival, that Sir George was very anxious to see me, and that he had wished to send a message to expedite my arrival. Mr. Cameron and Sir George's three daughters arrived soon afterwards. Upon going to Sir George's room, I made inquiry respecting his condition, &c., &c., when he said to me, "I have been anxious to see you for some time. McKenzie has been most attentive to me. I have known him a very long time and always esteemed him. I wish now to show my regard by making him a present of five thousand dollars." I had previously learned from Mr. McKenzie that Sir George wished him to draw a check for that amount in his own favor, which he declined doing, as it was in my department. As in the case of Murray, I endeavored to dissuade Sir George from this proceeding, and told him not to think of parting from his friends; and, moreover, that McKenzie, I was sure, expected no such proof of his good will. Sir George said, "Why do you thwart my wishes, and try to deceive me with hopes of recovery? I am a dying man." I then urged delay, at all events, but Sir George said, "I have no time to lose, besides, what is the use of delay? It will not hasten my death to settle what I have on my mind." Seeing further opposition would be useless, I was leaving the room to draw the check, in the office, when James Murray came after me, to say that was not all Sir George wished to have done. I accordingly returned to his bed side. He said, "Mr. Flanagan has been very useful to me, and most discreet in everything he has

undertaken. I wish to make him an acknowledgment of my obligation to him. I was thinking of giving a hundred pounds to each of the Parsons, (meaning Mr. Flanagan and Mr. Simpson,) but that is scarcely enough. Do you think one thousand dollars to each would be considered as doing the thing liberally? I said it was more than liberal; it was very generous. Sir George said, "I am glad to hear it; that is what I should wish." He soon after said, "There is Cameron. I should wish to do something for him. What do you think would be fair and liberal in his case?" As I hesitated in my reply, Sir George said, "What did I give him on his marriage?" I replied "Four thousand." Sir George said, "You mean dollars?" to which I replied in the affirmative. He asked if I thought that would be a proper sum to give Cameron. I stated I thought it liberal, but that it might be better, to avoid unpleasantness, to put Cameron and McKenzie on the same footing. Sir George said, "You are quite right. Make them both five thousand dollars, and yourself the same." He soon afterwards added, "We are very old friends; few people have been so much together and have got on so well. I am indebted to you for long, useful and kind services. It is very hard to part now." He shook my hand and turned his head away, apparently much affected. James Murray was present during this interview. I proceeded to the office to draw the checks, and whilst so doing, received two messages from Sir George to make haste. I returned to his room when he signed the checks, lying on his back while I held the check-book. Being shown plaintiff's Exhibit No. 2, filed in this cause, I declare the same to be the check which Sir George signed on that occasion for the Rev. Mr. Flanagan. He was accustomed to sign his name with a flourish at the end, and the irregular marks at the end of the signature to this check were intended for the flourish, and arose partly from his position—lying on his back—and partly from his eyes being weak. When the check was given him for signature it was filled up exactly as it is now, payable to the Rev. John Flanagan or order. It was the invariable custom in the office to make those checks payable to order, which were to be handed over



at once to the person in whose favor they were drawn. These checks were decidedly intended to have been handed over to the parties named above, and I have no doubt whatever that Sir George supposed that they were handed over by me. They were, however, locked up in my own desk, with the knowledge of Mr. McKenzie, whom I first consulted, my firm belief being at the time that Sir George would recover, and that it might be painful to him to see them as a record of how seriously ill he had been. They remained in my hands until after his death, and until I delivered them to the parties. The amounts of the checks were passed through Sir George's private account books by me as having been paid. After being convinced that Sir George's illness would be fatal, I would have handed the checks to the parties for whom they were drawn had I imagined that any difficulty might subsequently arise about them. I now produce, marked plaintiff's Exhibit 6, a true extract from the private cash ledger of Sir George Simpson, with the entries referred to above. Sir George kept his private account at the Bank of Montreal, and when those checks were drawn there was a certain balance there, though not enough to cover the checks. It was, however, by no means unusual for Sir George to overdraw his account at the Bank, and he would some times say in a joking manner that he would like to see them refuse his check. About mid-day of the same day (the 4th,) I had further conversation on business with Sir George, at his request. He gave me instructions upon several points. Amongst others, that James Murray and his family should remain at Isle D'Orval; also, respecting the transmission of his will to England. He then said, (after a considerable pause,) "you will write to the Company, saying I have left the business of this establishment in your charge. McKenzie will go to the Ottawa, as already arranged." Before I left him he sent farewell messages to my wife and sister, regretting he had seen so little of the latter, (she had lately arrived from England,) and also to some of the members of my family in England, specifying them by name. He became worse that afternoon, and during the whole of the following night and day, that is to say, the 5th, he had paroxysms of

great excitement. We still thought his great strength of constitution would carry him through. On the morning of the 6th the paroxysms had ceased, but his strength had evidently been much reduced. But his mind was quite clear, so that he was enabled to converse in a collected manner with those about him. On the evening of that day, between seven and eight o'clock, on returning from my own house where I had been for a couple of hours, I was told Sir George wished to see me, in order to dispose of a matter of business he had on his mind. I found in his bed-room assembled Mr. and Mrs. McKenzie, Mr. and Mrs. Cameron, the two Misses Simpson, Dr. Thorborn, Dr. DeCouagne, the Rev. Mr. Simpson, and James Murray. As I entered the room, Sir George said, "Has Hopkins come?" I went to his side and said, "Here I am, Sir George, have you anything particular to say to me?" He replied, "Yes, I wish you to take a memorandum of my last bequests." As I did not exactly understand him, he said in explanation, "Get pen, ink and paper quickly, and make a memorandum of my wishes, as I have no time to lose." Having provided myself with writing materials, I sat down on the bed-side and stated I was ready. Sir George then said to me, "Now put down what I have been doing—the bequests I have made." I said, "do you refer to the checks you drew the other day?" He replied, "Certainly; now put them down. What are they?" Seeing present several persons who were interested, I felt a delicacy about proceeding, and motioned to Mr. Simpson to leave the room, when he and Mr. and Mrs. McKenzie left the room. The two doctors were going backwards and forwards between the bed-room and dressing-room, the door between the two being wide open. The delay seemed to make Sir George impatient, and he said, "Go on, go on; why do you keep me so long?" I thereupon made a list of the six checks and said, "Here is a memorandum of the checks; shall I read them over to you?" On his replying in the affirmative, I commenced as follows: "Angus Cameron, five thousand dollars. Is it your wish that that sum should be paid him?" Sir George replied, "Yes, certainly; go on; why do you tease me by delay?" Either Mrs. Cameron or



Miss Margaret Simpson, or both, who were sitting close to their father's head, repeated my question, to which he again replied, "Yes; what next?" I went on reading, "Hector McKenzie, five thousand dollars. Do you wish him to receive that sum?" Sir George replied, "Yes; what next?" Somebody repeated my question, when he said, "Certainly; go on." In this way I read out the other names and amounts as follows: "E. M. Hopkins, \$5,000; the Rev. J. Flanagan, \$1,000; the Rev. William Simpson, \$1,000; James Murray, \$1,200." After reading each bequest, I formally asked Sir George if that was his wish, and if he wished the parties to receive the sums which followed their names. My questions were repeated by others around the bed, and on every occasion Sir George replied, "yes," or "certainly," "go on; what next?" After having gone over the list *seriatim*, I said, "Sir George, am I to understand that these are your last wishes, and that it is your desire I should make these payments?" He asked me the amount of the whole. I replied, "Eighteen thousand two hundred dollars," when he said distinctly, "Yes, certainly." Mr. Cameron and his daughters asked him if I had properly understood him, and had done all he wished, to which he invariably replied "yes." From that time (about nine in the evening of the 6th,) his mind appeared more at ease, and though I remained with him till he died, about eleven o'clock next day, he never once adverted to any matter of business. The memorandum I prepared on that occasion, and of which plaintiff's Exhibit, No. 5, is a certified copy, I signed on the spot, and also got it signed by Mr. and Mrs. Cameron, James Murray and Miss Margaret Simpson as soon as I had an opportunity of so doing. Dr. Thorborn added on the back his certificate of Sir George's state of mind within an hour after Sir George's death.

On the evening of the 6th, before the making of the memorandum I have described, I had asked Dr. DeCouagne for a special report on Sir George's condition, my principal object in so doing being, to put myself in a position to report to the Company in London by next day's (Friday's) mail.

In the memorandum I have said the checks were drawn on

the 5th of September. This was an error, attributable to the confusion and excitement of the moment. The checks referred to were drawn, Murray's on the 3d, and the others on the 4th, as I have stated before.

I had been so long acquainted with Sir George Simpson that no person could be more familiar with his manner and his mode of thought than I, and I could judge as well as any one, physician or friend, if his mind was collected and in its usual state. Upon both the 4th and 6th, on the occasions I have described namely, the signing of the checks and the dictating the memorandum, I have not the least doubt, and can say positively, that his mind was calm and sound, and that he was in full possession of his mental faculties.

Most of the foregoing facts are given by me from memoranda, which I put down in the end of the year (1860,) when I learned that a difficulty had arisen about the payment of the amounts, in which I made a note of the conversations and dates, for my own satisfaction.

*Cross-Examined.*—The door between the room where Sir George was and the adjoining dressing-room, was, as I have already stated, open during the whole time that the interview between me and Sir George, which I have related above, lasted. I am alluding, of course, to the interview on the evening of the 6th, when I wrote the memorandum referred to. My impression is that Dr. DeCouagne remained in the adjoining room, but that Dr. Thorborn had occasion to come into the bed-room once or twice during the interview. The Rev. Mr. Simpson was in the adjoining room and James Murray in the bed-room. I signed the memorandum in question immediately after it was completed, as before stated. My impression is that the memorandum was signed the next morning within about an hour of Sir George's decease, by Mrs. Cameron and her sister, Margaret Simpson. My impression is that Mr. Cameron did not sign immediately after I did. It must have been the next morning when the ladies signed, and James Murray signed, I think, directly after Sir George died.

The certificate as to Sir George's state of mind, indorsed



on the back of the memorandum, was made and signed within an hour or two after Sir George died.

*Question.*—Why did you consider it necessary to obtain a medical certificate, such as the one in question, touching Sir George's state of mind?

*Answer.*—Because I had decided on my own responsibility to send the memorandum to Mr. Finlayson, who was the only person I knew to be one of the Executors, and I wished him thoroughly to understand Sir George's condition. I had no doubt myself as to the state of his mind, being quite competent to attend to business; and I merely obtained the certificate for the satisfaction of Mr. Finlayson, and to record the fact that Dr. Thorborn was a witness.

*Question.*—Did you consider Sir George Simpson, on the occasion in question, when the memorandum was executed, to be of sound mind, memory and understanding?

*Answer.*—I did think him wonderfully so for a man at the point of death.

The contents of the memorandum in question were not dictated by Sir George Simpson, except in so far as his wishes with respect thereto were expressed to me in the manner already explained. There was no excitement about Sir George at this time indicating delirium; there was only prostration of strength.

I am not aware that on the morning of the 3d of September Sir George Simpson was laboring under an attack of inflammation of the brain, and I assert that Sir George Simpson was not completely nor at all delirious between the morning of the 3d and the morning of the 4th of September, unless it occurred during my absence in the night. I am aware that Sir George died from an attack of the head of some kind or another. I am not aware that Sir George had a fit every hour or two during the 4th of September, and that those fits gradually subsided until the morning of the 6th, but I recollect that he had frequent attacks during the 5th, which had commenced on the evening of the 4th.

The check which was signed on the 3d for James Murray, was signed between ten and eleven o'clock in the morning.

I should say that on that occasion Sir George's mind was as calm and sound, and that he was in as full possession of his mental faculties as on the 4th and 6th.

My intention in putting away the checks as I did, was that in the event of Sir George surviving this attack, which I thought certain, I should submit the checks for his further consideration before making use of them. They were intended as parting gifts, and had he survived, therefore, the object for which they were drawn would have ceased. When I asked Dr. DeCouagne to examine Sir George on the evening of the 6th, I did so for the purpose of being able to report to the Company as to the prospect of his recovery.

He had had violent paroxysms of delirium which gradually subsided, and ceased on the morning of the 6th. These attacks were confined to the period from the afternoon or evening of the 4th until the morning of the 6th, and at no time before or since, did he, to my knowledge, suffer in that way."

Mr. Hector McKenzie, an agent at the Hudson's Bay Company, testified as follows :

*Examined on the voir dire.*—I am not related, allied or of kin to, or in the employ of any of the parties in this cause.

I am the Hector McKenzie whose name appears as a legatee for \$5,000 in the paper writing purporting to be in the nature of a codicil to the last Will and Testament of the late Sir George Simpson, mentioned in the pleadings in this cause, of which paper writing a certified copy is filed by plaintiff as his Exhibit No. 5. I have not in any way released the estate of the late Sir George Simpson from liability to pay me that legacy, and my present intention is to recover that amount if I can.

I have been twenty-eight years in the Hudson's Bay Company's service, and from the fall of 1834 I have known the late Sir George Simpson (whose Executors the defendants are) intimately. I know the defendants as well as the plaintiff. I came down to reside with Sir George Simpson in the summer of 1858, and resided with him, in the same house at Lachine, until the time of his death. He was taken ill on



the 1st of September of last year, (1860) and I was constantly with him night and day, until his death, on Friday, the 7th of that month. I had frequent conversations with him during this illness, until the very morning of his death. During the night, between the 3d and 4th, I was up and down with him all night, my bed room adjoining his, and when he wanted anything he called to me.

On the morning of the 4th he asked me repeatedly to draw a check for myself, and I endeavored to get his mind off the subject altogether. He said to me that we had been long acquainted, long friends. It being my impression, then, that he would recover, I said to him that we would both be laughing at this before long. He said "No," and then wanted me again to draw out a check. I then said, "If you insist upon it, Mr. Hopkins will soon be here, whose duty it is to draw checks, and he will do it." The matter then dropped. He asked me repeatedly, afterwards, if Hopkins had arrived, and as soon as he did arrive he sent for him. Then, as soon as Hopkins made his appearance in the room, I went out to the office. When Mr. Hopkins came down to the office afterwards, he had several checks in his hand. I did not, however, look at the checks, either then or at any time since. It was still my impression that Sir George would recover, otherwise I would have demanded my check. I never had any further conversation with Sir George on the subject. When Sir George spoke to me about the check, he was perfectly calm and collected. During that week, at times, he seemed excited, with frequent intervals of calmness, during which he would speak to me on business, sometimes. On Wednesday, 5th, I think it was, he seemed most excited. On the 6th I think he was quite calm, and continued so, I think, during that day, until his death on the 7th. I cannot recollect if I spoke to him about business on the 6th. When I did speak to him at different times during the week on business, though I cannot recollect what days, he showed a perfect recollection of his business. I was then about leaving to go to my present station, Fort William. I heard Sir George conversing with Dr. Sutherland, of Montreal, the last time the Doctor saw

him alive, I think about eight o'clock of the morning of the 6th. When the Doctor came into the room, Sir George said, "Well, doctor, this is the last scene of all;" and the Doctor said, "Yes, Sir George." The Doctor then approaching his bed side, asked, "Where would you wish to be buried, Sir George?" Sir George seemed to look at him with astonishment, and said, "In the Montreal Cemetery, of course."

Then the Doctor asked, "Would you wish to have a monument erected over your grave?" and Sir George said, "There is a monument there already." The Doctor said, "Would you wish any particular inscription to be put on it?" Sir George then said, "That is the business of my executor, not yours." That was all the conversation. Being shown the check filed in this cause as plaintiff's Exhibit No. 2, I declare that I recognize the first part of the said signature as Sir George's, that is, all to that part thereof which looks a letter *p*. The continuation of the signature, I would suppose, had reference to his private account, as he was in the habit of adding an abbreviation of those words to checks on his private account. I am very familiar with his writing and would take that to be his signature. The first part is much as he used to write his signature, with no greater difference than you would expect from a sick man. I was familiar with his mode of drawing checks on the banks. He used frequently to overdraw his account, but his checks were always honored, notwithstanding.

On Thursday, the 6th, I had a conversation with Sir George, when he said to me, "You're going to leave me," alluding then to a request I had made before he was taken ill, that I might return to my old station, and to which he had consented; I said, in answer, "No." "How long will you remain?" he then inquired. "I said until one of us dies." From all the conversations I had with him, and particularly at the moment when those checks were drawn, I always found, from the answers he gave, and his conversation, that he was perfectly sensible, so much so that I was convinced he would recover.

*Cross-Examined.*—I considered Sir George Simpson to be perfectly sensible, and to be quite calm and collected in his



mind, during the conversation which took place, as I have above related, between him and Dr. Sutherland, and quite as much so as upon any of the other occasions I have alluded to, when I have stated that I considered he was quite sensible, calm and collected. I do not know of what disease Sir George died, but I understood that the attack which ended in his death, was epilepsy.

James Murray, Sir George's servant, testified as follows :

I am not related, allied or of kin to, or in the employ of any of the parties in this cause. I am not interested in the event of this suit.

*Examined on the voir dire.*—I am the James Murray whose name appears as a legatee in the plaintiff's Exhibit No. 5. I have not in any way released the estate of the late Sir George Simpson, from liability to pay that legacy, and my present intention is to recover it if I can.

I lived as servant with the late Sir George Simpson, of Lachine, for six years before his death, and until the time of his death. I was his only servant, and he employed me in all sorts of work, both in doors and out. On Saturday, the 1st day of September, 1860, he was taken ill, and continued so till Friday, the 7th, when he died. On the 3d of September I was attending on him in his room, when he several times inquired if Mr. Hopkins was come. At last he came, and Sir George said, "I want to make a small present to James," meaning me. Mr. Hopkins said, "How much, Sir George?" Sir George replied, "Twelve hundred dollars." Mr. Hopkins said "Which way shall I make it to him?" And Sir George said, "Get a check for him." Mr. Hopkins went and brought the check and the ink, and Sir George signed it. The check was filled up by Mr. Hopkins. Sir George then said, "That will do, Hopkins," and Mr. Hopkins retired. Sir George handed the check to me. I have it still. He said, in handing it, "There is a present for you. You did not think that you were going to lose me so soon. Had I lived longer, it would have been better for you. I want you to remain on my place," that was the Island. On

Tuesday, the 4th, he inquired at different times for Mr. Hopkins. Mr. Hopkins came, and he said, "Hopkins, I want to give some money among a few of my friends." Hopkins inquired, "Who?" and "What is the amount you want to give, Sir George, and in what way is it to be given?" Sir George replied, "Bring the check book of the Bank of Montreal, and make them out here. Five thousand dollars for Angus Cameron, five thousand dollars for Hector McKenzie, five thousand dollars for yourself, E. M. Hopkins, a thousand dollars for Parson Flanagan, one thousand dollars for Parson Simpson." These are the very words Sir George used. Mr. Hopkins then asked if he was able to sign them. He said "Yes, bring them here." I saw Sir George then sign a check for each of the persons above mentioned and the amounts also. Being shown the check, plaintiff's Exhibit No. 2, I declare that it is the same sort of check that I saw signed on that occasion for Mr. Flanagan, and that the signature of it is the signature which I saw Sir George write on that occasion. It is filled up in the same way and for the same amount. The signature is like the one on my check. Sir George was in bed and raised himself on his arm to write it. The checks were retained by Mr. Hopkins, who placed them before Sir George for signature. I never saw them afterwards. Sir George could speak quite well on that day; and his mind was apparently quite right. From that time on I was with him pretty constantly and he spoke frequently to me; but I do not remember anything precisely that he said to me, until Thursday morning, the 6th, when he said, "You have not been at the Island; you'd better go and see what they are doing there." I went up and returned at one o'clock, but I did not speak to him, as the doctor said, "Let him repose; do not annoy him with any thing." It was Dr. De Couagne who said this. I saw him during the evening of the 6th. I was present when the family assembled in his room, at between ten and twelve in the evening of the 6th. I do not remember the hour precisely. Sir George called out, "Hopkins." He called out again, "Hopkins," the second time. Hopkins was in the room when he first commenced calling



and approached him, but Sir George didn't give him time before he called out the second time. He said, "I am here, Sir George, what do you want? do you want me?" He said, "Yes; what have I been saying during my illness, towards my money affairs?" Mr. Hopkins inquired, "What money, Sir George? is it the moneys for these parties?" And Sir George said, "Yes; what is to each of them?" Mr. Hopkins said, "You have already signed a check for Angus Cameron for five thousand dollars, and one to Hector McKenzie for five thousand dollars, and one to E. M. Hopkins for five thousand dollars, one thousand for Parson Flanagan, one thousand for Parson Simpson, twelve hundred dollars for James Murray." Mr. Hopkins then said, "Is it your wish, Sir George, that this money shall be given to these parties?" Sir George replied "It is." This was in the presence of all his family. I should have mentioned before, that Sir George told Mr. Hopkins to get pen, ink and paper, and take it down. Sir George's words were, "Why don't you get paper, ink and pen and take it down?" and these words were uttered when Mr. Hopkins remarked to Sir George as before stated, "you have already signed the checks." Mr. Hopkins then went and got the paper, and after he had made it out, he read what he had written to Sir George. It was the names and the amounts above mentioned. Mr. Hopkins asked him if he had any thing else to say. I did not catch any reply. I will not swear that he even made any reply; I was not listening for it; I was merely in the room with the family.

I signed the paper which Mr. Hopkins thus drew up, and read to Sir George, in the afternoon of the 7th, after Sir George's death. The paper shown me, plaintiff's Exhibit No. 5, is a copy of what I signed.

On the 6th I was in the room before the family came in. I said nothing more than to ask him if he wanted something to moisten his lips, and he said he did. Mr. and Mrs. Cameron and the two Misses Simpson came down from Toronto, during the week, to be with him, and his daughters, when they were in the house, were in constant attendance upon him.

*Cross-Examined.*—When the scene took place, on the

evening of the 6th of September, which I have related above, when Mr. Hopkins wrote down and read out what I have before stated, the persons who were present in the room beside myself, were Mr. Hector McKenzie, Mr. Angus Cameron, Mrs. Cameron, Dr. Thorborn, Miss Maggie Simpson, and Mr. Hopkins.

After the paper was completed, Mr. Hopkins placed it on the window-table, where it remained for about an hour, and during all this time I remained in the room. Dr. De Couagne was in the room adjoining at that time, the door of which was ajar. In the same room with the doctor was Parson Simpson; but I swear that I was in Sir George's bed-room, and not in the said adjoining room.

My check was signed on the 3d day of September of last year; and, as far as I could see, Sir George Simpson was in his right mind, and he was apparently also in his right mind when he signed the other checks the next day. I perceived no difference between his state of mind when he signed my check, and when he signed the others. When the paper was written out by Mr. Hopkins, on the evening of the 6th, he appeared quite sensible and calm. I think he was more quiet and more still, than when he signed my check. Mr. Hopkins generally arrived at about eight o'clock, and it was after his arrival that the checks were signed on both occasions.

Being asked if I ever saw Sir George delirious during his last illness, I answer that on the Tuesday before his death, namely, the afternoon of the day on which the last checks were made out, he got out of the bed and called for me oftener than usual, but I could not say that he was delirious. I would not pretend to say that he was delirious, for he always spoke quite sensibly to me when he called me. With the exception of some slight repose I took during the day, I was constantly in attendance on Sir George during his last illness.

In what I have stated in my examination in chief, I have related all that took place on the occasion when Mr. Hopkins drew up the paper, of which a copy is contained in the plaintiff's Exhibit No. 5.



Dr. DeCougne, Sir George's local medical attendant, testified as follows :

I know the parties in this cause. I have practiced at Lachine as a physician for nine years, and I was intimately acquainted with Sir George Simpson of that place, lately deceased, of whom the defendants are the executors. I once attended him professionally for a short time about two years before his death, but he was a man of good health, and I was not called in again until the 1st of September, 1860, when he was seized with the illness of which he died on the 7th of the same month. On the 1st I found him laboring under a fit of epilepsy, threatening apoplexy, from which on the same day he partially recovered, that is to say, towards evening he became sensible and could speak rationally, but with some difficulty, which he could not do immediately after the attack on account of a partial palsy under which he labored, and from which he was then gradually recovering. From that time I was with him almost constantly until he died. On the 2d he was totally conscious, and until the morning of the 3d, when he gave unequivocal signs of inflammation of the brain, and was completely delirious from that time until the next morning. From the morning of the 4th he commenced to have intervals of lucidity, and gradually recovered his consciousness until a few hours before he died, that is to say, that from the morning of the 6th until shortly before death, he was perfectly conscious and had no more fits. On the 4th, after the fits of excitement were over, he at times was able to converse, and when he did speak, he spoke as rationally as I have ever known him to do. He would frequently tell me to mind the time that he was to take his medicine, and if I was out of the way he would wait till I returned, and used to say that he would take his medicine only from my hand.

He would often ask me how I found him, and how his pulse was. He would sometimes ask me what I was giving him and what was the effect to be produced. I speak of the whole period covered by his last illness, with the exception of the period from the morning of the 3d to the morning of the 4th, when he was completely delirious.

It was towards daylight on the morning of the 4th, when he showed the first indication of returning consciousness. On the 6th, as I said before, he was quite conscious the whole day. On the evening of that day I had been attending him in his room, when several members of his family came in. I saw Mr. Hopkins, his Private Secretary, bringing in pen, ink and paper, and presuming there was some private business to be done, I retired to an adjoining chamber. The door between the two rooms was left ajar. The only thing I heard distinctly of what was going on in the other room which I had just left, was the names of four of the parties and the amount which I subsequently saw placed opposite their names in a memorandum laid upon a table near Sir George's bed, and I also heard Sir George say "yes," after two of the names mentioned, and "that's right," or "that's it," after the last name was called out, which was Murray's. This was the last name I heard, and I saw it was the last on the list afterwards. The four names I heard were Mr. Hopkins, the two ministers, Messrs. Flanagan and Simpson, and the said Murray. I heard a voice calling out other names, but as I was answering a question put to me by Mr. Simpson at the time, I did not catch the names at the time. The sums I heard called out in connection with the four names I heard were, Mr. Hopkins, \$5,000 ; Mr. Flanagan, \$1,000 ; Mr. Simpson, \$1,000 ; and Murray \$1,200.

I heard the titles and christian names of these four called out, as in the list contained in plaintiff's Exhibit, No. 5. In the room with me was Dr. Thorborn, of Toronto, who stood near the door. He came in after me. I do not know whether he was there the whole time or not. Mr. Simpson and said Murray were however with me the whole time, sitting in the same room. Dr. Sutherland attended Sir George Simpson, besides myself and Dr. Thorburn, for about the last two or three days. Dr. Sutherland came out every day to see him, at between six and eight o'clock in the morning. I was not there when he came on the last day, but I was told that it was on the morning of the 6th that he called for the last time.

Sir George Simpson died at between ten and eleven on Fri-



day morning, the 7th of September, and was conscious until within a couple of hours of his death. I left him at that time because I found that he had become perfectly exhausted, and that nothing more could be done for him. On the 7th, before leaving the room as above mentioned, I was speaking to Sir George Simpson, and from the way he answered my question I considered him still in possession of his mind. I asked him if he felt any pain, and he whispered in reply, "very weak."

On the 6th, before leaving the room, when his family came in, I had been examining him particularly, and found him perfectly rational. He conversed with some ease. The reason I examined him was, I had just been to supper, and Mr. Hopkins, on my return from my own house, asked me to go in to see Sir George and report particularly to him (Mr. Hopkins,) in what state I found him. That was about two minutes before I made the examination, which took about five minutes, and I then immediately left the room, as before stated. In Sir George's case there was nothing in his disease after the morning of the 4th, when the inflammation had commenced to subside to a certain extent, to prevent his having intervals of perfect lucidity.

*Cross-Examined.*—Sir George Simpson died from the effects of the disease I have above referred to, namely, inflammation of the brain, that is to say, he sunk from inanition produced by the attack.

During the 4th of September he had, I should say, a fit every hour or two, and they gradually subsided, having greater intervals between them, and finally ceased on the morning of the 6th, from which time until he died he had no fit.

Dr. Thorborn, consulting physician during Sir George's last illness, testified as follows :

I know the parties in this cause. I knew the late Sir George Simpson very well, whose executors the defendants are. I have attended Sir George Simpson professionally. I attended him in the year 1859 or 1860. I think it was in

1860. I had professional care of him at the time. I attended him during his last illness in September, of the year 1860. I came down from Toronto for the purpose. I arrived at the Hudson Bay House, at Lachine, where he was on the morning of the 6th of September, at 9 o'clock. And I attended upon him continuously until his death, which took place at between eleven and twelve on the morning of the 7th. In a deposition made by me at Toronto under a commission for Probate of Bequests, mentioned in plaintiff's Exhibit, No. 5, I stated that I was there on the 5th. This was a mistake. I arrived on the morning of the 6th.

When I arrived on the morning of the 6th he said: "My dear boy, I am glad to see you; when did you come down?" and then inquired after my wife and children, and made the remark, "You find me very low." During the day I was in attendance upon him, and along with Dr. De Couagne, administered remedies to him. He always required to know why and wherefore medicines were given him before taking them. His sense of hearing was very acute, and if any one came into the room he would ask who came, and if any remarks were made he would inquire what they were and repeat the question until answered. He was always conscious when he wished to evacuate the bowels or urinary bladder. This of itself would not prove that he was not in such a state, but taken in connection with other indications it would. I mean to say that he was always aware when he required so to evacuate. But this fact of itself would not prove that he was conscious. He was always inquiring, when I administered medicines why I did so, and also what effect I expected. Particularly on one occasion I remember when I wished to give him brandy, that he expressed himself opposed to the use of brandy, and it was not until I assured him that it was good, that I could persuade him to take it. I told him that it was of the brandy presented to him by his friend Matt Clark, he having inquired where it came from, and having objected that he thought I could get no good brandy. He then said he would take it, for it would be good if Matt sent it, as he kept nothing but that which was good. Frequently during his last



hours he expressed his opinion that he was very weak, and asked what I thought of his condition. During the time that I saw him he was at no time in a state of profound stupor until within a short time of his death, nor was he incapable of expressing himself. He was capable of expressing himself until within an hour of his death.

He seemed conscious, and although very weak, he was capable of hearing remarks and of asking questions. He asked at one time, and I cannot say whether on the morning before or on the morning of the day of his death, "where is Hopkins." He not coming immediately, he two or three times over repeated the question. Hopkins came, and he said "What were my last bequests?" Mr. Hopkins hesitated seemingly, wishing not to annoy him by answering. When Sir George again repeated the question hastily, and as though annoyed at his not answering immediately, Mr. Hopkins produced a pen, ink and paper, and wrote down names, and calling them over, asked Sir George if those were correct. He asked this after each name, and Sir George gave his assent. I do not remember the language, or in what form of words he gave the assent, but they were in the form of approval.

Mr. Hopkins afterwards asked him if he had anything else for him to write, to which he gave no answer.

As far as I recollect, this is all that occurred at the time. I took no notes. Being shown plaintiff's Exhibit, No. 5, I declare that the names therein written are the names of the persons read out by Mr. Hopkins on the occasion referred to. Certain amounts were also read out by Mr. Hopkins, but I cannot swear positively what were the exact amounts. The amounts mentioned in said Exhibit are somewhere about the amounts which were so read out by Mr. Hopkins. I remember hearing the figure five thousand read out, as connected with some of the amounts so read out. During all this time I considered Sir George's mind to be quite clear. Some of the amounts read out were less than five thousand, but I do not remember what they were. The only other medical person in attendance on Sir George during the time that I attended upon him was Dr. De Couagne. I did not

leave the house from the time I first attended upon Sir George, and I scarcely left the room. When I saw Sir George he was laboring only under great exhaustion, the result of some previous attack of the character of which I have no knowledge except from hearsay. His condition was such as is consistent with his having suffered from any severe attack of illness, including apoplexy. He was not laboring under insanity as generally understood, or under mental incapacity.

There is always more or less of suspension of the mental powers in an attack of apoplexy, which may continue or disappear.

*Cross-Examined.*—I was not related by marriage or otherwise to the late Sir George Simpson. I mean I am not directly, although distantly so. My wife is a daughter of a daughter of Sir George Simpson's. I can not state positively whether it was on the evening before Sir George's death, or the morning of his death, that Sir George called for Mr. Hopkins and made the bequests in the manner I have stated in my examination in chief.

On this occasion Sir George did not dictate these bequests, but as I said before, he asked Mr. Hopkins, "What are my last bequests?" and Mr. Hopkins called them out to him, and as Sir George assented to each, he, Mr. Hopkins, wrote it down on the paper that he had before him.

To the best of my recollection, Sir George in most of the instances, if not in all of them, assented in words to what Mr. Hopkins so called out, although it is possible that he may in some instances have assented by a nod of the head.

I cannot call to mind the express form of words that Sir George made use of on the occasion in question. I cannot from memory state the exact word or words that he used on that occasion, except that I know they were in approval of what Mr. Hopkins called out. Sir George did not call upon me especially to witness what was going on. I was standing in the room at the time attending upon him medically, that is to say, being his medical attendant I was present in the room at the time, but I was not there as a witness. I merely happened to be present when what happened took place. It is



proper to state that when Sir George pressed Mr. Hopkins, as stated in my examination in chief, Mr. Hopkins said, "Is it with regard to the clergymen and others?" and Sir George said "Yes," and Mr. Hopkins then commenced reading out the bequests.

Regarding the matter as a private one, I then stepped into the adjoining room with the Rev. Mr. Simpson and Dr. De Couagne. I was still within hearing, the door between the two rooms being only partially closed.

The persons left in the room when I went out were, Mr. Hopkins, Angus Cameron, his wife, and Sir George's daughter, Miss Margaret McKenzie Simpson, and I think also his servant James Murray.

Dr. Sutherland, who was called in as consulting physician in the case, testified as follows :

I know the parties in this cause. I was well acquainted with the late Sir George Simpson, mentioned in the pleadings in this cause, and was so acquainted with him for about twelve years preceding his decease. I had seen and prescribed for Sir George on occasions previous to his last illness, one of these a case of congestive apoplexy, on or about the 1st of February, 1860, from which he rapidly recovered.

Subsequently, during the summer, I prescribed for Sir George for symptoms clearly having for their cause head disease. I warned him of their significance and of the precautions and general regimen he ought to follow and pursue, and more especially, anticipating some such attack as eventually occurred, I advised him never to drive alone, in order that he might have ready aid in case of attack.

In the absence of his own medical man, on the 1st of September, 1860, in the afternoon, I was summoned to see Sir George. On reaching Lachine I found that Sir George had had an attack of hemorrhagic apoplexy, attended with epileptiform convulsions, several of which he had already had. He was then perfectly insensible, with imperfect paralysis of one side. Dr. DeCouagne was in attendance on my arrival, and

continued in that duty up to the time of his death, I being the consulting physician.

At that period I expressed the opinion that the case was one of great danger, and to Dr. De Couagne I explained my views, by saying that I anticipated inflammation of the brain, and that of the effects of such inflammation he would die, basing such opinion not only upon the case as it then was, but upon its previous history, to which allusion has already been made. We readily agreed upon a line of treatment, which was at once commenced and steadily pursued till the morning of Thursday, immediately preceding the day of his death.

On the 2d of September, I visited Sir George at an early hour, and found him, to common observation, better. There was, nevertheless, in his demeanor and language, the evidence that he was under the influence of incipient mental excitement, which I regarded (and told the doctor my opinion) as being the first stage of the true inflammation rapidly about to follow.

During the visit he was not only cheerful, but gay, even to jocularity and levity, apparently thoroughly indifferent as to his state, and yet declaring that he would be quite well the next day, and smoking his cigar.

On the 3d I visited him twice, early in the morning and late in the evening. The symptoms were now unequivocal. He had had scarcely any sleep, and had been delirious during the night, was laboring under delusions so strongly impressed that they became genuine hallucinations; though speaking to me fluently and apparently with correctness of his state, he informed me that he had died during the night, and that he had paid a visit to hell, and that he had found it a very agreeable place. The same hallucinations continued, I would say intensified, up to the last day on which he was able to speak to me.

On the fourth day I again saw Sir George twice, in the morning and evening. All the symptoms were aggravated. He had had maniacal delirium through the night. He had not only been delirious, but furious. He yet conceived himself to be dead, and pointing to Mr. McKenzie, who was in



the room at the time, he said, "It is a very sad affair. McKenzie has just died, and I have just seen two persons, a man and his wife," giving their names, which names I do not at this moment recollect, "they likewise dropped down dead. Indeed, I have never seen such an epidemic."

On the 5th, I visited Sir George once in the morning, and found him yet worse. He had had in the interval of my visit during the night, epileptiform convulsions. He had again been utterly unmanageable, had forcibly gone out of the room, and even, if I remember right, had gone down stairs. The old hallucination still prevailed. He had been killed, he then said, by the persons in the room, every one of whom had taken part in the murder. He said that he had been drugged to death likewise.

On the 6th I visited Sir George for the last time. Found him in a state of coma. He had had during the night involuntary evacuations, as evinced by what I saw in the bed. He was evidently sinking fast, and that opinion I expressed unhesitatingly to those in the room, even though one gentleman strongly expressed his opinion to the contrary. And this opinion of the rapidly approaching decease I reported next morning to his own physician, Dr. Campbell, who had just arrived from Cacouna, informing Dr. C. that he need not be in a hurry to go out to Lachine, inasmuch as Sir George would be either *in articulo mortis*, or absolutely dead before he could reach Lachine.

The persons to whom I expressed the opinion above mentioned, on the occasion referred to, were to the best of my recollection, Mr. McKenzie and the servant that always attended Sir George, and Mr. Hopkins, his Private Secretary. I am not quite sure about Mr. McKenzie being present, but I am quite sure Mr. Hopkins was, as he was the gentleman who strongly expressed his opinion contrary to mine, as above mentioned.

*Question.*—From all you know of Sir George's state of mind during his last illness, was he in your opinion, of a sound and disposing mind, memory and understanding at any time

on the 4th or 5th of September, 1860, and up to the time you last saw him?

*Answer.*—Never at any time during the period mentioned was he otherwise than unsound in mind. He had partial glimpses of what seemed to be rational moments, but if these were questioned it became speedily evident that they were illusory and fallacious, for unaccompanied by any other signs of physical improvement; indeed the very organ of reason itself being the one suffering disease, and which disease far from being arrested, was hastening to a fatal termination. Such transient and fitful manifestations of reason neither suggest cause for hope, nor supply arguments for dismissing alarm.

*Question.*—Considering the condition in which Sir George was on the morning of the 6th, and that he died before noon on the 7th, as you say you anticipated he would do, do you believe that he could have been of a sound and disposing mind, memory and understanding in the interval between your last visit and his decease?

*Answer.*—Keeping in mind the opinion which I entertained, expressed in my last answer, I cannot think it possible that he was.

*Cross-Examined.*—On my first visit I found him totally insensible. I remained with him fully an hour.

*Question.*—Is not the effect of apoplexy on the brain stronger at the beginning than at a subsequent period, when the patient survives six or seven days, as in Sir George's case?

*Answer.*—In Sir George's case the mental phenomena may be divided into two phases, the one directly caused by the laceration of the substance of the brain, occurring at the time of the attack; the second period or phase occurring as the consequence of the inflammation caused by that laceration. In the first of these states or phases the absence of consciousness is absolute and total. In the second, it is gradual and progressive, and proportional to the changes going on in the brain itself. Such change involving possible softening, the formation of pus and serous effusion, according to the duration of the disease.



On my first visit he was in the first state described.

On my second visit I reached Lachine about half-past seven, and I remained there about fifteen or twenty minutes, the medical man being there to give his report. Sir George conversed freely, and even volubly. I thought that his conversation manifested the elation and the excitement which precede aberration of mind.

*Question.*—By the conversation alone could you, or could any one there present, infer any derangement of the mind?

*Answer.*—Any person conversant with mental disease and affections of the brain, and of even common experience, would have entertained the opinion I now express.

*Question.*—Was it only from the elation and excitement which you mentioned, or did he, to your recollection, express any idea indicating any derangement? If so, please state them to the best of your recollection.

*Answer.*—I have already stated that in his state the disease of the brain was gradually progressive, and in proportion to the mischief produced; hence, therefore, the evidences of aberration were slight at first but easily recognized, such indications being the elation of manner, the excitement of his language and the positive indifference he entertained as to his state concerning himself with fearful unreason, to be not only better, but absolutely well, and never expressing the slightest anxiety as to his recovery; the circumstances being such that in a person of the meanest correct apprehension, alarm, or at all events, anxiety, would have been entertained. There are no particular expressions which I can call to mind on that morning which indicated of themselves aberration of mind.

My third visit was on Monday, the 3d, and must have been as early as half-past seven. I may have been with him from fifteen to twenty minutes. The symptoms I described as having occurred on the 3d, were manifest at the morning visit.

*Question.*—At what time did you visit him in the morning of that day?

*Answer.*—Eight or nine o'clock. I remained with him from twenty to twenty-five minutes.

*Question.*—What were the symptoms on that evening, had you any conversations with him, and on what subjects, and state it to the best of your recollection?

*Answer.*—The symptoms were similar to those of the morning, but worse in degree, the hallucinations were of the same character, and he was moreover apathetic. I had no other conversation with him than that occasioned by the professional examination, that I remember. I believe the same persons whom I have mentioned were present in the room, namely, Dr. DeCouagne, I think Mr. Hopkins was there, also Mr. McKenzie, and the servant man.

*Question.*—Do you recollect what question you put to him and what answer he gave you on that occasion?

*Answer.*—I cannot remember any special question concerning his case that I asked him. They all touched upon the state of his health; that I distinctly remember.

*Question.*—Can you state in what respect the answers he gave you established any hallucination on his part?

*Answer.*—The hallucinations which he manifested were spontaneously expressed, and not the result of any questions.

*Question.*—What were they on that particular occasion of the evening of the 3d?

*Answer.*—I have already stated that they were similar to those of the morning, but worse in degree.

*Question.*—Can you recall to your memory the particular hallucination which you remarked on that occasion? If you can, please do so.

*Answer.*—This question is likewise useless, inasmuch as in my examination in chief the detail is rendered. The hallucinations were constant, and not occasional as the question implies, became more fixed and unequivocal as the disease advanced, and consisted of the idea of his being dead, and that some persons about him were likewise dead. To all appearance, his replies to my questions were correct, but nevertheless, on comparing them to the evidence obtained from the doctor and those who nursed him, they were totally



incorrect, and were irreconcilable with the condition in which he then was.

On the 4th, I arrived at about the same hour and remained about the same time, both morning and evening. After seeing him on the morning of the 5th, I considered his case so hopeless that I considered it unnecessary to add the expense of another visit that evening, and I accordingly visited him on the morning of the 6th, which was my last visit. I did not witness the maniacal delirium, which I have referred to in my examination in chief, as having occurred in the night of the 3d and 4th. I learned of it from the attending physician, but I did witness a slight access of it on my visit on the morning of the 4th.

*Question.*—Was there any *post-mortem* examination made?

*Answer.*—No, not by me, and none that I know of.

*Question.*—Is it possible that the decease of the said Sir George Simpson could have been attributed, even with the symptoms you observed, to another cause than laceration of the brain?

*Answer.*—In my opinion, it could not be attributed to any other cause than to that which gave origin to the whole disease, the immediate cause being the hemorrhage, and laceration with the inflammatory process, and its termination as consequences thereof.

The first attack for which I saw him, in February, 1860, I took to be congestive apoplexy.

*Question.*—Is it not an established fact in medicine, that the same symptoms occur in hemorrhagic apoplexy, as in other diseases arising from other causes, such as affection of the heart, or exhaustion of the brain?

*Answer.*—Certainly not.

*Question.*—Is there not some disease called pseudo apoplexy, attended with similar symptoms, and originating from a different cause than the apoplexy you described?

*Answer.*—Certainly, there may be symptoms simulating real apoplexy, and such may have undoubtedly a different origin than that of Sir George's attack.

*Question.*—Do you believe that a medical man in constant

attendance near Sir George could not distinguish and ascertain lucid intervals between your visits?

*Answer.*—Most certainly, such a person, had any such lucid intervals existed, ought to have perceived, and doubtless did perceive them.

*Question.*—In cases of inflammation of the brain, or brain fever generally, is not its intensity chiefly during the night, declining after morning, and if the patient has lucid intervals is it not generally between morning and evening?

*Answer.*—There are usually, in all diseases, night exacerbations of the physical symptoms; with regard to mental phenomena, I am not able to say whether aberration, when it exists, is more complete in the night or in the day. I have seen cases where the periods of the manifestation of unsoundness were equally distributed during the day and night hours.

*Question.*—When a man has had maniacal delirium through the night, does he not manifest symptoms of it in the morning, which may subside, and even disappear, through the day?

*Answer.*—Certainly they may subside, simply because of muscular exhaustion; there can be no subsiding of the main disease in the brain, unless the party recovers, or the case be protracted. The course of disease is seldom perfectly uniform; but in Sir George's case it was singularly, accurately, and so to speak, logically progressive, so that it was impossible to have misinterpreted the symptoms, or to have drawn false conclusions therefrom.

*Question.*—Is the protraction of four or five days sufficient to allow the free action of the intellect during any moment?

*Answer.*—Not in a case like Sir George's, I should think, which was not protracted, but rapid and acute.

*Question.*—If it were not hemorrhagic apoplexy, do you believe that Sir George would have delirium alternating with lucid intervals?

*Answer.*—Had he had apoplexy at all, accompanied by symptoms such as those then present, any transient glimpses of reason would have been absolutely valueless, either as indicating a return to reason or to health; had Sir George's men-



tal condition been symptomatic of other and remote disease, and had he recovered, I would then very possibly have hesitated in clearly giving my opinion as I have now done.

The seizure of which Sir George died, occurred in his carriage while he was driving from Montreal to Lachine, about noon, from the report I have heard. I was not sufficiently intimate with Sir George to be able to speak accurately as to his ordinary temper of mind.

On the evening of the 4th, during twilight, he mistook me as I entered the room, for Augustus Heward. On my saying "It is not Heward, or any person so good looking," his answer was, "I don't know that."

On the morning of the 6th, I had no conversation whatever with Sir George, for he was in a state of *coma*, which is that of utter stupor

From the condition of his pulse and his general appearance, I considered him to be in a dying state, notwithstanding that I understood he had passed a good night, and had slept.

On my first visit, Sir George was bled, and I was satisfied with the result, as it seemed to stop the convulsions, and doubtless prevented the increase of the hemorrhage within the brain.

*Question.*—If Sir George had been previously to this attack subject to fits of apoplexy of a different nature to the one you represent, would it not be probable that the one you attended him for, was nothing but a recurrence of the former?

*Answer.*—Such might have been the case, but in this instance was not.

*Question.*—Are there not many cases recorded to your knowledge where a man, after a severe shock of apoplexy, recovered the apparent use and enjoyment of his faculties, spoke and acted rationally even the next day, remained subject to variations of health, and died on the fifth or sixth day afterwards?

*Answer.*—There may certainly be records of that description, but they offer no parallelism to Sir George's case, in which there was neither pause nor suspension of symptoms from beginning to end.

*Question.*—If you had remained constantly with Sir George, and found him after your second visit speaking rationally, and also on the second day and third day indicating, after 10 o'clock in the morning, unmistakable signs of intellect, would you have believed him notwithstanding unsound of mind, and not enjoying, at these moments, the use of his faculties?

*Answer.*—Most assuredly I would have conceived him of unsound mind throughout those two days, and the whole period of his disease. I have already stated that the glimpses of seeming reason were fitful, transient, and if relied on, fallacious, and affording no testimony in the slightest degree approaching to sanity. I think highly of the merit of Doctor De Couagne, the physician who attended Sir George with me. I am not as well acquainted with Doctor Thorborn.

*Re-Examined.*—A man may be conscious without being rational.

The deposition of Dr. DeCouagne has been read by me, and has also just now been read out to me, and also the deposition of Dr. James Thorborn, and I declare that their statements as to what Sir George said and did at times, when I was not present, do not in the least degree shake the conclusions I have come to, and the opinion I have expressed in regard to Sir George's state of mind, and in my opinion there could have been no state of perfect lucidity in Sir George's case from the time the inflammation of the brain manifested itself until the time of his death."

Besides this evidence, the following interrogatories were submitted to Dr. Workman, Superintendent of the Provincial Asylum at Toronto. Dr. Workman's replies thereto are subjoined :

*Number One.*—What is your name, age, profession, and place of abode?

*Number Two.*—Are you related, allied, or of kin to, or in the employ of any, and which of the parties in the title to these interrogatories named?

*Number Three.*—Read over carefully the Depositions made and sworn to in this cause and herewith forwarded, of William



Sutherland, Esquire, M. D., Alfred DeCouagne, Esquire, M. D., and James Thorborn, Esquire, M. D., and say whether or not, in your opinion, Sir George Simpson, in the said depositions referred to, was of sound and disposing mind, memory and understanding, at any time on the 3d, 4th, 5th and 6th days of September, 1860, and up to the time of his decease? And state your reasons for the opinions which you express.

*Cross-Interrogatories—Number One.*—Is it not the case that the symptoms described in the depositions of the three medical men referred to in the third main interrogatory, would indicate serous apoplexy as much as they would indicate sanguineous apoplexy? And in case of an attack of serous apoplexy, was not the treatment pursued calculated, in your opinion, to lead to a fatal result?

*Number Two.*—Would it be possible without a *post-mortem* examination, to say with certainty whether the disease was sanguineous or serous apoplexy?

*Number Three.*—Might not an attack of apoplexy which the patient survived for six or seven days, be followed by lucid intervals?

*Number Four.*—Judging from the facts and symptoms related in the depositions above referred to as accompanying the case of the late Sir George Simpson, might not the progress of his disease and its termination in death, be attributable to misapprehension of the disease, and the mode of treatment?

*Number Five.*—Might not the lucid intervals apparent to some of the witnesses, have been natural and real though the attack finally resulted in death from whatever causes?

*Number Six.*—Are there not cases on record of persons, who having had an attack of sanguineous apoplexy, enjoyed lucid intervals, though the disease terminated fatally after a short time?

*Number Seven.*—Is it not the case that the hallucinations referred to in the deposition of Dr. Sutherland, could have been the result of exhaustion from bleeding, or of other causes than the laceration of the brain, and if so, that Sir George Simpson might have had lucid intervals during the day?

*Number Eight.*—Is there not a pseudo apoplexy of which

the external symptoms bear a close resemblance to those of real apoplexy, but which proceeds from an entirely different cause, and operates in a different way upon the brain?

*Number Nine.*—Judging from the symptoms stated in the accompanying depositions, do you concur with Dr. Sutherland in his views of the pathological condition of the brain of Sir George Simpson, and in his idea of the treatment of the case with regard to bleeding?

*Number Ten.*—Are not the facts and conversations detailed in the depositions of Drs. DeCouagne and Thorborn prima facie evidence of the possession by Sir George Simpson of his mental faculties, and inconsistent with the theory of his state of mind as described by Dr. Sutherland?

*Answer No. 1, to Interrogatory in Chief.*—My name is Joseph Workman; my age is fifty-six years; my profession is that of a physician, and for the last eight and a half years, I have been the Medical Superintendent of the Provincial Lunatic Asylum at Toronto, where I reside.

*Answer No. 2, in Chief.*—I am not related, allied, or of kin to, nor in the employ of any of the parties in the title to these interrogatories named, nor do I know any of them.

*Answer to No. 3, in Chief.*—I have read over carefully the depositions made and sworn to in this cause by William Sutherland Esquire, M. D., Alfred DeCouagne, Esquire, M. D., and James Thorborn, Esquire, M. D., and after careful consideration of all the facts therein stated, I give it as my opinion that at no time from the day on which Sir George Simpson was seized with his last illness, to wit, the 1st day of September, 1860, up to his death, was he, the said Sir George Simpson, of sound and disposing mind, memory and understanding; and I state the following as my reasons for this opinion:

From the deposition of Dr. Sutherland it appears that about seven months prior to his last illness, Sir George Simpson had an attack which the said Dr. Sutherland regarded as congestive apoplexy, but from which he, Sir George Simpson, speedily recovered. Subsequently, during the summer, Dr. Sutherland deposes that he prescribed for Sir George Simp-



son, "for symptoms," as Dr. Sutherland states, "clearly having for their cause head disease." And Dr. Sutherland states that he admonished Sir George Simpson of his liability to recurrence of the apoplexy.

Dr. Sutherland further deposes that on the 1st of September, 1860, he was summoned to see Sir George Simpson, and that on arriving at Lachine, he found that Sir George had had "an attack of hemorrhagic apoplexy, attended with epileptiform convulsions, and that he was then perfectly insensible, with imperfect paralysis of one side."

Dr. DeCouagne, who saw Sir George before Dr. Sutherland, deposes that on the 1st of September, 1860, he was called in to see Sir George, and that he "found him laboring under a fit of epilepsy threatening apoplexy, but from which, towards the evening of the same day, he partially recovered, that is to say, so far as to be able to speak rationally, but with some difficulty."

Dr. DeCouagne's description of this attack is less pointed than that of Dr. Sutherland. Dr. DeCouagne does not designate the attack as apoplexy, but "fit of epilepsy, threatening apoplexy." Dr. Sutherland first saw Sir George in a subsequent period of the attack, when perhaps the epileptiform convulsions had subsided, and "insensibility and imperfect paralysis of one side," were the most attractive symptoms.

I attach much importance to the description of the first symptoms given by Dr. DeCouagne, which, in my opinion, with nice discrimination, Dr. DeCouagne has characterized as those of "a fit of epilepsy threatening apoplexy." Had I seen Sir George at the same time, I should, I think, have used almost the same words; and I should certainly have concurred in the opinion that the case was "one of great danger," for I would have felt certain that its termination would be fatal, though the period of death might be uncertain; and my experience in the treatment of similar cases would have established the conviction, that even were Sir George's life prolonged beyond this attack, he must pass into a state of deplorable and hopeless insanity. There is not on record a reliable instance of recovery from insanity, ushered in by, or in the

course of the malady attended with, the peculiar symptoms given by Dr. Sutherland and Dr. DeCouagne; and in all cases the patients sooner or later sink under the brain disease, which is the cause both of the bodily symptoms and of the mental infirmity. I am not prepared to affirm my concurrence in the pathological view of Sir George's case, expressed by Dr. Sutherland and Dr. DeCouagne, as to the truly inflammatory character of the disease of the brain, on the 2d, 3d, and 4th days of illness; and yet I have no other designation to offer, unless I should call it a *quasi* or *pseudo* inflammation, just as I should, I think, have termed both Sir George's attacks of apoplexy, *pseudo* or *quasi* apoplexy. There can, however, be no doubt of the fact that Sir George's brain was in a very dangerously diseased state; and it comports with my anatomical observation, in *post-mortem* examinations of the brains of persons who have died of disease similar to that of Sir George, that the more rapid the course of the disease to a fatal issue, the more formidable are found the marks of diseased action.

The mental condition of Sir George on the second day of his illness, exactly coincides with that which I have often witnessed in similar cases. Though on the first day Dr. Sutherland found him perfectly insensible and partially paralyzed, yet on the second "he was not only cheerful, but gay, even to jocularity and levity, apparently thoroughly indifferent as to his state, and yet declaring that he would be quite well the next day, and smoking his cigar." Here was inceptive insanity, of a form with which I have been but too familiar.

The hallucinations in Sir George's case, on the third and subsequent days, as described by Dr. Sutherland, are such as I have often observed in similar cases. I have heard a good many maniacs affirm they were dead, or had visited not only hell, but heaven also, and many other distant regions. The more extravagant the delusions or hallucinations, the more in harmony do I regard them with the terrible disease of the brain which gives birth to them. I do not say that all maniacs, showing strong delusions or hallucinations, have disease of the brain, similar to Sir George's; but I do say that disease



of the brain, similar to Sir George's, is attended with very strong hallucinations.

Dr. DeCouagne has not in his deposition, mentioned the hallucinations deposed to by Dr. Sutherland. He surely could not have regarded them as unimportant. I cannot understand how so valuable and salient a fact in the medical history of Sir George's case escaped his attention. I should regard such an omission by any medical practitioner, sending to me a similar case for treatment, as very undesirable.

Dr. Sutherland deposes that on the fourth day of Sir George's illness, he visited Sir George twice—in the morning and in the evening—and that on one, or both, of these occasions Sir George continued to manifest the same hallucinations as on the third day. Dr. DeCouagne, however, deposes that “on the morning of the fourth day, Sir George showed the first indications of returning consciousness.” The use of these words by Dr. DeCouagne, clearly shows that Sir George's previous state was that of intense insanity; and when they are taken in conjunction with Dr. Sutherland's testimony, that the hallucinations still continued, on the same morning, or in the evening, they are of no value.

The evidence of Sir George's insanity, from the first day up to the morning of the sixth day, is, to my mind, entirely convincing; nor could any amount of testimony showing that, *at intervals*, Sir George was free from delusions or hallucinations, satisfy me that his insanity was absent on such occasions. It is a very common, but a very gross error, to hold that insane persons never speak or act like sane persons. The depictions of insanity, usually drawn by writers who do not copy nature, are but bloated caricatures.

“There are few cases of mania or melancholy,” says Dr. Reid, “where the light of reason does not now and then shine out between the clouds. In fevers of the mind, as well as those of the body, there occur frequent intermissions. But the mere interruption of a disorder is not to be mistaken for its cure, or its ultimate conclusion. Little stress ought to be laid upon those occasional and uncertain disentanglements of

intellect, in which the patient is for a time only, extricated from the labyrinth of his morbid hallucinations. Madmen may show at starts, more sense than ordinary men." Few who live among the insane would dissent from the above words of Dr. Reid.

Had I, on the morning of the sixth day, been called in to see Sir George, at the time at which Dr. DeCouagne deposes to his perfect consciousness, and had I been put in possession of all the preceding facts of the case, as detailed by Dr. Sutherland and Dr. DeCouagne, I would have admonished Sir George's friends to place no reliance on his improved appearance, for insanity was still there, though perhaps not appreciable by them. Nor do I for a moment doubt, that in such an interview, had I so desired, I should very readily have substantiated the correctness of my views. Asylum physicians well understand how important it is to preserve in perfect calm their patients, in the interval between the paroxysms ; and how deplorable are the results of disturbances at such times.

Dr. Sutherland deposes that on the morning of the sixth day he found Sir George in a state of coma, and that Sir George had passed involuntary evacuations in the bed. Dr. Sutherland says he considered Sir George as then sinking fast, and he left him in a comatose state. But notwithstanding this very unpromising condition, and notwithstanding the fact that Dr. Sutherland's prognosis of death was next day verified, the depositions of Dr. DeCouagne and Dr. Thorborn establish the fact that the coma passed off, and that Sir George became quite conscious, and so continued the whole day.

Now I must confess that were I to admit the accuracy of Dr. Sutherland's diagnosis of the case, and regard it as primarily one of hemorrhagic apoplexy, and subsequently of intense inflammation of the brain, I should be unprepared to admit the statements of Dr. DeCouagne and Dr. Thorborn, as to Sir George's condition on the sixth day, after Dr. Sutherland took leave of him in a state of coma, and apparently *in articulo mortis*. I believe that only by withdrawing Sir George's case from the rank in which Dr. Sutherland has placed it, and



installing it in the category of insanity, can all its symptoms and phases be accounted for.

It is to be regretted that no *post-mortem* examination was held on the body of Sir George. Had such been held, I am persuaded much valuable light might have been thrown on the case.

I have not found that, in *post-mortem* examinations of patients similarly affected, dying under my care, evidence of hemorrhagic apoplexy has been afforded, unless in cases in which coma proved persistent. I doubt not that in Sir George's brain abundant pathological evidence would have been found to account for the symptoms, and to convince any well-informed physician that death was inevitable, and cure of either the physical or the mental disease, was impossible.

In the testimony of Drs. DeCouagne and Thorborn, as to the apparent condition of Sir George on the sixth day, I find nothing incredible. These gentlemen may have regarded Sir George as in a state of mental competency; but they have stated nothing which shows that they subjected the patient to any test, by means of which they ascertained clearly the absence of delusional condition. It is my belief they abstained from perilous experiments, and in doing so they pursued the course which every discreet physician would adopt. Nothing can be more hurtful to the insane, in their calm intervals, than the recall of their delirium, by whatever agency. Sir George's condition was at this time critical in the extreme; and to have made even a gentle reference to his previous hallucinations, might have induced an exacerbation of his malady, which would speedily have closed the case. There is no evidence of any indiscretion of this sort. But nothing is better known to those familiar with the insane, than the tenacity with which, in the intervals called lucid, they still cling to their delusions, though they do not at these times manifest them spontaneously.

Dr. Thorborn, in describing Sir George's condition on the sixth day, uses the following language:

"He," Sir George, "seemed conscious, and although very weak, he was capable of hearing remarks and of asking ques-

tions. He asked at one time, and I cannot say whether it was the evening before or the morning of the day of his death, 'where is Hopkins?' He not coming immediately, he two or three times over repeated the question. Hopkins came, and he said, 'What are my last bequests?' Mr. Hopkins hesitated, seemingly wishing not to annoy him by answering. When Sir George again repeated the question hastily, and as though annoyed at his not answering immediately, Mr. Hopkins produced a pen, ink and paper, and wrote down names, and calling them over, asked Sir George if those were correct."

Dr. Thorborn, in his cross-examination, in reference to the above transaction says: "It is proper to state that when Sir George pressed Mr. Hopkins, as stated in my examination in chief, Mr. Hopkins said, 'Is it with regard to the clergymen and others?' and Sir George said yes, and Mr. Hopkins then commenced reading out the bequests."

The impatience in Sir George's manner, and his hasty repetition of the question, as to his last bequests, forcibly strike me as characteristic of insanity, in the interval of calm; and the hesitation of Mr. Hopkins in answering, goes to show me that he regarded Sir George's mind as in a feeble state; and when Sir George "repeated the question hastily," Mr. Hopkins acted prudently in meeting his wishes.

The terms of the question, "what are my last bequests?" taken in conjunction with Dr. Thorborn's detail of the transaction, suggest to me an antecedent fact which I do not find stated in the evidence before me; yet I consider its existence of much value in ascertaining the mental condition of Sir George at the time above referred to. It appears to me obvious that Mr. Hopkins had knowledge of a prior consideration of the bequests mentioned. Mr. Hopkins was able to mention, and to write down, or to call out, the names of the parties, and the several amounts to be bestowed on them, without present dictation from Sir George. It would, then, be important to know the time at which the inception of these bequests, or their previous discussion, took place. If their consummation on the evening of the sixth day, was the carry-



ing out of a purpose declared by Sir George before he became insane, this fact might be regarded as *prima facie* evidence of his present sanity ; but if they stood connected with an expression of purpose or act, occurring after Sir George became insane, then it would appear to me a fatal morbid affinity existed.

Dr. DeCouagne states that at the request of Mr. Hopkins, on the evening of the sixth day, he made an examination which "took about five minutes," with a view to ascertain Sir George's mental state, and the result was that he, Dr. DeCouagne, "found him perfectly rational."

Dr. DeCouagne deposes that he made this examination at the request of Mr. Hopkins. Some uncertainty as to Sir George's mental state, at this time, seems to have existed ; otherwise, why this special examination ?

It is possible that Dr. DeCouagne may have satisfied himself in five minutes of the perfect sanity of Sir George. I should, however, have desired the advantage of a longer period. And I must state, that I should not, without extreme reluctance, have undertaken the task at all, for it would have been impossible thoroughly to perform it, without much danger to the patient.

It requires more than five minutes for an expert in insanity, even in cases less involved in stubborn negations than Sir George's, to elicit decided proofs of mental soundness.

I well remember a case of the same form of insanity as Sir George's, though of much slower progress, under my care in the Provincial Lunatic Asylum, in which there was presented one of those intervals of apparent rationality, which I apprehend would be designated in legal phraseology, a lucid interval. Its duration was much more than a few hours ; it extended through several months. The patient seemed to all cursory observers quite sane. He pressed from time to time for discharge ; but I was convinced he had disease of the brain in its primary stage, and that this disease must, at some future day, resolve into a sudden outburst of epileptiform convulsions, threatening, or inducing apoplexy. I persisted in my determination to detain him, avoiding, however, all interro-

gation or conversation which might annoy him or provoke a rehearsal of his former delusions. Finally, however, in response to a very earnest and calm appeal to my sense of justice and humanity, I alluded to his violence towards his wife before his admission, and asked him whether he would beat her again, after going home. His aspect instantly changed, and he evinced perturbation of mind. He replied he would certainly beat her, and she deserved it, for he had learned she had had two children since he left her. I told him this information must be false, and that I knew his wife's conduct to be perfectly correct. He said his information must be correct, for he had received it from an angel, who "came to his bed-side and told him all."

Now all the time of this poor man's long apparent lucid interval, he was, in all probability, receiving visits from beautiful angels, clothed in white; and to these heavenly messengers, (realities to him,) he possibly was indebted for much of that tranquility and amiability which characterized this period of his life. In perhaps a large majority of cases, insanity is a benignant visitation of Providence. Its victims, struck down under the mortal blow of epileptiform apoplexy, and henceforth carrying death in their brains, revel in delights beyond all the conceptions of poetic rapture; and hell itself is transformed into a paradise.

Of course, from the moment of my patient's revelation to me of the interview with the angel, I saw little lucidity in his case. He continued in the same state for some time longer, but was at length seized with those epileptiform fits, which I had anticipated. He recovered from them, but with mind and body shattered. He has had renewed attacks, but is still alive, and is the picture of florid health. His speech is gone, his limbs are partially paralyzed, his mind is a ruin, presenting not a vestige either of its pristine vigor or of its later visionary energy. His appetite is keen, and he will live until his paralysis lays hold of the muscles of deglutition and respiration.

Very few patients of the same class live so long as this man. He has now been upwards of four years in the Asylum



under my care. During this time he has been twice, as I thought, on the brink of death. A good number of the same class, admitted since his entrance, have gone to the grave. His fate is as certain as theirs; it is but a question of time. His disease is similar to that of Sir George Simpson. The difference is but in degree, not in essence.

Intense disease of the brain is incompatible with protracted life, and rapidity of course is a pretty reliable indication of the intensity of any disease. I can not believe that the case of my Asylum patient was not more favorable to the reliable testing of a lucid interval, than was that of Sir George Simpson; and certainly the duration of the apparent interval being so very much longer, afforded me an infinitely better opportunity of discovering latent insanity than Sir George Simpson's physicians had, on the sixth day of his illness.

In the year 1859, I had opportunity of observing another, and a notable case of intervening lucidity in a patient of a very different class, that is to say, one not presenting any of those symptoms which are regarded by experienced alienists as indicating brain disease, and consequently less incompatible with temporary suspension of insanity. This patient was a woman of former high intelligence. She had no epileptiform convulsions, no threatenings of apoplexy, no paralysis, no self-complacency, and no hopefulness. She asserted that she was dead, and yet affirmed that *she never could* die. She refused food, alleging the absurdity of trying to nourish a dead body; and yet, at times she would eat almost ravenously. She was fearfully suicidal, though continually asserting the impossibility of termination of her life.

During the summer of 1859, a former patient of the Institution, who had been discharged recovered, paid us a prolonged visit, and spent the most of her time with the lunatic referred to, who had formerly been her associate. The influence of the visiter over her old friend appeared marvelous. Though she had not left her bed for months before, she now got up regularly, dressed neatly, read much, went out frequently to walk, was permitted to go outside to church, declared herself happy in restored reason, and evinced exem-

plary piety. She repudiated all her former delusions, and everybody around her was delighted with the happy transformations, save myself and the assistant physician. We enjoined continued vigilance.

The issue was that this woman committed the most deliberate and awful suicide I ever witnessed or read of. She burned herself to death, and I was satisfied afterwards that throughout the entire period of her reputed lucidity, she had been plotting her own destruction, and must have spent several weeks in perfecting her stealthy arrangements. Nothing can be more absurd than to believe that insanity must always be raving.

I could furnish many additional illustrations of the unreality of those apparent intermissions or suspensions of insanity, which, by those who know little of the malady, or do not constantly reside amongst the insane, are designated lucid intervals. There is probably no term in the whole nomenclature of insanity on which the medical superintendents of Lunatic Asylums look with more distrust than on this one. Certainly, in any case in which has been presented unmistakable evidence of brain disease, (as was the fact in Sir George Simpson's case,) I should demand the most abundant and the clearest evidence of lucidity. That evidence has not been presented in the depositions of the medical gentlemen who attended Sir George Simpson.

Dr. Sutherland and Dr. DeCouagne both swear that Sir George died of disease of the brain.

Dr. Thorborn's deposition does not show that he had any decided views on the pathology of Sir George's case. He deposes that when he "saw Sir George he was laboring under great exhaustion, the result of some previous attack which" he, Dr. Thorborn, had no knowledge of except from hearsay. "His condition," says Dr. Thorborn, "was such as is consistent with his having suffered from any severe attack of illness, including apoplexy."

Dr. Thorborn further deposes: "He," Sir George, "was not laboring under insanity, as generally understood, or under mental incapacity." The general understanding of insanity



is very vague and fallacious; and mental incapacity is not negated by temporary absence of delirium. The mere cessation or suspension of delirium or delusion, in any case of insanity, is no proof of the absence of the malady; but especially must it be unreliable, in a patient who, only the day before, evinced the most extravagant hallucinations; who still continued the unrelieved victim of disease in the very organ whose healthy action is held to be essential to the existence and exercise of sound reason; and in a patient, who, next morning died, under that same disease.

I can discover in the testimony of the medical witnesses no facts unequivocally indicating sound mental capacity. Not an act is detailed, nor a word quoted, which I can hold as incompatible with existing insanity; and no detail is given of the tests to which Dr. DeCouagne and Dr. Thorborn had recourse, in order to satisfy themselves that Sir George's sanity was real, and not merely apparent.

My belief in the continuous insanity of Sir George Simpson, in his last illness, rests on the details of facts given in the depositions of Dr. Sutherland, Dr. DeCouagne and Dr. Thorborn; and my disbelief in the cessation or suspension of his malady, or in other words, in a lucid interval, at any time between the first day of his last illness and his death, is based on the same evidence, interpreted by the experience which I have had in similar cases, in a prolonged residence among the insane, and from a careful reading of good authorities.

All authorities concur in the opinion that a *considerable time* for observation is requisite to test and verify the fact of a lucid interval in insanity. No person well informed on the general subject of insanity, would assert that the time intervening between the last manifestation of insanity, deposed to by Dr. Sutherland, in Sir George's case, and his death, was a sufficient time; and I am persuaded that no Asylum physician of any experience in the care and treatment of cases, such as that of Sir George's, would expect that he could ever again become of "sound and disposing mind, memory and understanding."

That form of insanity which is characterized by epilepti-

form fits, threatening or inducing apparent apoplexy,—by partial paralysis, extravagant hallucinations, and blind indifference of the patient to his own shattered condition, is, by physicians of the specialty of insanity, universally regarded as incurable; and is, in truth, one of the standing reproaches of Psychological Medicine.

Sir George Simpson's case, was, in my opinion, one of this class. Just as firmly as I believe in the invariably fatal termination of the disease, do I also believe that after its full and intense development, the brain never regains a healthy condition, and therefore do I hold that, after such development, the occurrence of a truly lucid interval is impossible, and that in Sir George Simpson's case it did not take place.

*Answer to Cross-Interrogatory No. 1.*—I believe the diagnosis between sanguineous apoplexy, and those forms of brain disease, which have been designated serous apoplexy, is sometimes obscure; and if the adoption of the same course of treatment in the latter as in the former, leads to fatal results, I fear that the medical profession has not been faultless. I am not, however, prepared to assert, that the treatment appropriate in sanguineous apoplexy, must lead to a fatal result in all cases, or even in a majority of those cases, which are called serous apoplexy. In many cases of sanguineous apoplexy, instant death is arrested by bleeding, and other depletory measures; yet the patient may not ultimately recover, and *post-mortem* examination may show effusion of serum, into the ventricles of the brain, or over its surface. I think it is questionable, in such cases, whether the very depletion which saved the patient's life, in the apoplectic attack, may not have induced that morbid condition of the brain, which favored, or even caused the ultimate exudation of serum. But it would be very unjust in such cases, to ascribe the ultimate fatal result to the treatment. In many dangerous diseases, the adoption of bleeding is but the selection of the less of two evils. Had I been in attendance on Sir George Simpson, in consultation with Dr. Sutherland and Dr. DeCouagne, I might have opposed bleeding; and if my advice had been followed, Sir George might have died



within thirty-six hours; but the actual issue of the case has shown that bleeding did not save him, and therefore its omission would have been wrongly blamed as the cause of death, under my course.

In attacks of apoplexy, similar to that of Sir George Simpson, I do not bleed; but the final issue is the same; my patients all die. I might, perhaps, in a few cases, avert death, for a brief period, by bleeding; but I might in others, hasten it.

Whether the disease, designated in medical books, under the term, "serous apoplexy," is identical with that of which I frequently find *post-mortem* evidence, in cases like that of Sir George, I am not prepared to assert. I apprehend, however, that it is; and if so, it is to be regretted that those authors who have written on it, have been but little acquainted with the pathological anatomy of insanity. It is my conviction, that, in not a trifling proportion of the cases, called serous apoplexy, there is present no effusion of serum; or, if any, not until very shortly before death.

*Number two.*—It may, in many instances, be very difficult, before *post-mortem* examination, to say whether the supposed apoplexy is sanguineous or serous. In Asylum cases, the great majority are serous. In the few sanguineous cases which have come under my observation, I have, I believe, found, on *post-mortem* examination, that my diagnosis had been correct.

*Number three.*—Before entering on my reply to this question, I could have wished to be furnished, by the framer of it, with his definition of the term, *lucid interval*. At the present day, the fact of intervening lucidity in mania, is, I think, almost universally repudiated by experienced alienists. In courts of law, or in works on jurisprudence, the term may still claim attention; but it is questionable if any one well acquainted with insanity, would regard its ignorance as an evil.

A French jurist, D'Aguerreau, sums up his definition of a lucid interval in these words: "It must be not a mere diminution or remission of the complaint, but a kind of temporary

cure, an intermission so clearly marked, as in every respect to resemble the restoration of health."

Lord Thurlow has given his definition in the following terms: "By a perfect interval, I do not mean a cooler moment, an abatement of pain or violence, or of a higher state of torture, a mind relieved from excessive pressure, but an interval in which the mind, having thrown off the disease, has recovered its general habits."

The phraseology employed by Lord Thurlow, in the preceding definition, must be abundantly satisfactory proof to any one familiar with insanity, that Lord Thurlow was speaking on a subject of which he knew very little; but I suppose his lordship's authority on the matter under consideration, is not held as very inferior; and as his lordship's definition may be as good and as clear as any other to be met with, I accept it.

Dr. Ray, late President of the American Association of Medical Superintendents of Insane Asylums, in his treatise on the medical jurisprudence of insanity, referring to the above definitions of D'Aguerreau and Lord Thurlow, writes thus: "While the doctrine of lucid intervals, as explained by the language above quoted, is upheld by scarcely a single eminent name in the medical profession, we find that their existence is either denied altogether, or they are regarded as being only a remission, instead of an intermission of the disease, an abatement of the severity of the symptoms, not a temporary cure."

Applying to the case of Sir George Simpson, either of the definitions of a lucid interval, by Lord Thurlow or D'Aguerreau, I think there is no evidence that Sir George Simpson, at any time during his last illness, enjoyed any such interval—certainly, Sir George had no intermission so "clearly marked as to resemble the restoration to health," either of body or mind; nor any in which "the mind, having thrown off the disease, had recovered its general habit."

The evidence of Dr. Thorborn and Dr. DeCouagne, goes but to show that there was "only a remission, instead of an



intermission of the disease, an abatement of the severity of the symptoms, not a temporary cure," and assuredly, this is not a condition in which a man can be said to be "of sound mind, memory and understanding."

I apprehend that no physician, with any considerable experience in the treatment of insanity, and especially of cases like that of Sir George, would expect that any person, suffering as he did, an attack of apoplexy with epileptiform convulsions, on 1st Sept., followed by unquestionable and intense insanity, and frequent repetition of the convulsions, could afterwards, whether within a few days or years, enjoy a real lucid interval, his mind could not "throw off the disease," and "recover its general habit," even in cases of less severity, in which the patients have survived many months. I have never witnessed such a fact. The apoplexy, or *quasi* apoplexy, of Sir George, was not, as I believe, the cause of his brain disease, but a necessary concomitant of it. It must, however, most powerfully and destructively have reacted on the brain; and the consequence of that reaction, was a sudden outburst of mania.

*Number four.*—The progress of Sir George Simpson's last illness, and its termination in death, may have been accelerated by the treatment; as, indeed, when death occurs in many forms of acute disease, it would be dangerous to assert, that it has been retarded by active treatment. But of the treatment pursued in Sir George's case, with exception of the bleeding, I know nothing. It is, however, quite possible, that Sir George's death might have occurred on the first or second day, had he not been bled. That he would die, at any rate, and under any form of treatment, I have not a shadow of doubt. I feel uncertain only as to the time.

*Number five.*—Had Sir George Simpson's attack not resulted when it did, in death, I am convinced he would have manifested insanity of such a character, and of such persistency, as would have dissipated all belief in lucidity of interval; and I cannot see why the occurrence of death, directly caused by disease of the brain, and closing the alleged lucid interval, should change my view of his real mental condition. The

cause of Sir George's death, and the cause of his insanity, were identical, to wit, disease of his brain. I cannot believe that this disease, whilst killing the body, was restoring the mind to soundness.

*Number six.*—I believe many persons have had sanguineous apoplexy, without becoming insane; and I believe that sanguineous apoplexy in the insane, is rare. I should, however, regard a case of insanity, preceded or accompanied by any form of apoplexy, as hopeless.

*Number seven.*—I cannot say that the hallucinations deposed to by Dr. Sutherland, were the result of bleeding; because I have often witnessed similar hallucinations in patients not bled. I do not believe the hallucinations resulted from laceration of the brain; for this is a morbid lesion which I have very seldom realized in *post-mortem* examinations of the brains of persons who had been affected similarly to Sir George Simpson; and in those cases in which I have realized it, the symptoms were different from those of Sir George's case. Indeed, it is my opinion, that laceration of the brain, with consequent necessary effusion of blood would have precluded the possibility of hallucination, or any other form of mental activity; such, at least, has been my own observation. I do not regard it as improbable that the periods of mental calm observed in Sir George's illness, may have been secured at the expense of loss of blood; and in this view of the matter, the occurrence of the hallucinations may be ascribed to the bleeding: as, without it, they might not have had opportunity for manifestation: that is to say, Sir George might have been dead. It is, however, very difficult for me to understand how any course of treatment, chargeable with the death of an insane patient, could have improved his reason. I feel perfectly assured that the bleeding did not produce Sir George's insanity; and if it killed him, it was a bad mental restorative.

*Number eight.*—Cases manifesting the recognized symptoms of real apoplexy, and ending fatally, are related by medical writers, in which *post-mortem* examination has failed to reveal effusion of any sort. The apoplexy observed in Sir



George's case may have been of this sort. Its operation on his brain, was, I think, different from that of ordinary apoplexy, but exceedingly similar to that which I have often witnessed in the insane.

*Number nine.*—The symptoms detailed in Dr. Sutherland's deposition, appear to me not those of an ordinary case of hemorrhagic apoplexy. I recognize in them, as I have before stated, apoplexy, or *quasi* apoplexy, of a very different nature.

I am aware that in this *quasi* apoplexy, bleeding has been a pretty general practice in Western Canada. I think, however, I should, myself, not readily have recourse to it; not that by abstaining from it, I should expect to save the patient, for I believe that impossible; but because I have seen very alarming seizures of this sort pass off without any very active treatment; though I confess I have seen one or two patients die in them; and then I felt inclined to believe they might have lived longer had I bled. But I suppose these disagreeable after-thoughts are common to the profession.

Dr. Sutherland has not deposed to his *idea* of the treatment of Sir George's case; therefore I am unable to comment upon it; nor, indeed, can I see any necessity for my doing so, were I in full possession of Dr. Sutherland's idea.

*Number ten.*—The facts and conversations detailed by Dr. DeCouagne and Dr. Thorborn, as appertaining to Sir George Simpson, in his last illness, are certainly of meagre amount, and of very slender character, on which to rest belief in Sir George's sanity. Of the few that are given by these gentlemen, I find not one that I am able to regard as a satisfactory negation of insanity. On the contrary, I perceive in several of them sufficient indications of still present, though abated, insanity; as, for example, Sir George's refusal of medicine, unless from the hands of Dr. DeCouagne; his acuteness of hearing, and his inquisitiveness, as to persons chancing to come into his room, and his repetition of the inquiry until answered; as well as his acute curiosity to know all that was said by those around him. His impatience on the occasion of calling for Mr. Hopkins, and his instant repetitions of the inquiry, and finally his listlessness at the close of the scene

of the last bequests, when Mr. Hopkins asked him if he had any thing else for him to write. These facts, in themselves, may appear too trivial for comment. To Dr. Thorborn and Dr. DeCouagne, they seem to have appeared as evidence of sanity, but to me they appear in natural and ordinary affinity with Sir George's previous maniacal exacerbations; and certainly I am not required, nor would it be just or philosophic to regard them in total isolation.

Dr. Sutherland's theory of Sir George's mental condition, in so far as it presents the case as one of incurable insanity, and, from its connexion with fatal disease of the brain, incapable of reliable lucid intermission, coincides exactly with my own views of Sir George's state of mind, throughout his last illness. Having, in previous replies, freely expressed my views on those points of the diagnosis and pathology of Sir George's physical disease, in which I differ from Dr. Sutherland, it is unnecessary here to repeat them."

Dr. Robert L. MacDonnell, of Montreal, to whom the evidence was submitted, testified as follows :

I am not related, allied, or of kin to, or in the employ of any of the parties in this cause. I am not interested in the event of this suit. I know the parties in this cause. I have been practising as physician and surgeon in this city nearly seventeen years.

*Question.*—Have you read the depositions of Doctors Thorborn, DeCouagne, Sutherland and Workman, given in this cause; and if so, state fully and at length your opinion of the nature of Sir George Simpson's disease described in those depositions, and of its effect upon his mental faculties?

*Answer.*—I have examined the evidence given in this case by Doctors Sutherland, DeCouagne, Thorborn and Workman, and I have arrived at the following conclusions: *First.* That the last illness of the late Sir George Simpson was not hemorrhagic apoplexy, that it was a form of cerebral disease common in old persons who are afflicted with disease of the heart, or disease of the blood vessels of the brain, and is usually produced in such persons by fatigue, excessive application to



business of an exciting kind, or exhausting influences acting upon the nervous system. In such cases a train of symptoms frequently called pseudo-apoplectic, frequently supervene, and are sometimes ushered in by convulsions which assume an epileptic character, leaving the patient in a state of insensibility, with partial or complete paralysis of one side, and often with impairment of intellect.

Under appropriate treatment, the insensibility disappears, the motion and sensation of the paralyzed portion of the body are restored, and the intellect resumes its former vigor. I believe that Sir George's last illness, and all his previous ones alluded to by Dr. Sutherland, were of this character.

*Secondly.* That the treatment of bleeding and depletion generally, is unsuited to the case, and more likely to aggravate than to relieve the symptoms.

*Thirdly.* That it is inconsistent, however, with the supposition that hemorrhagic apoplexy existed, to believe that the mind would regain its vigor, and that the individual should be capable of performing acts requiring the full possession of his intellect even, although the disease might terminate fatally within a short period after such acts were performed. For it is observed that in true apoplexy the mental faculties may be fully restored though the individual may die within three days from the apoplectic seizure. Grissolle and other writers attest this fact, and it accords with my own experience, for I have witnessed cases where the mental faculties were completely restored shortly after the patient has recovered from the first shock of the disease. The hallucinations alluded to by Dr. Sutherland are such as frequently present themselves in cases of cerebral disease, and last sometimes for a few days, leaving the individual in the full possession of his mental faculties. I know of one remarkable instance illustrating this point. A military officer, charged with important duties in this garrison, had within two years of his death, (which was caused by a totally different disease,) many attacks of a pseudo-apoplectic character, attended with epileptiform convulsions, and leaving the mind in a very unsettled state. Whilst the intellect was deranged, he used to declare that he was dead, that he

had died during the night, and that his wife was dead, although standing by his side. And yet he used to recover quickly from these attacks, and resume the duties of his appointment the next day, and though these attacks were noted in the military case books, the hallucinations which occurred so frequently and were recorded so accurately, were never produced as proofs of his incapacity for duty. I do not attach any importance to the remark made by Sir George on the second day of his illness, "that he would be quite well the next day and smoking his cigar," as a proof of his unsoundness of mind. On the contrary, I regard it as indicating the restoration of his mental faculties, for he had also recovered from the partial paralysis and loss of speech noticed on the previous day. Those who knew Sir George intimately, would expect him to make just such an answer to an inquiry concerning his condition, and they will consider it in character with his usual mode of treating a serious subject, and as a proof that he did not consider himself in such danger as those around him did, and was determined to make a resistance to the disease that had recently prostrated him. He was a man of great energy and determination, and was just the person to fight against symptoms by others considered most alarming.

*Fourthly.* It is not in accordance with what is usually noticed in hemorrhagic apoplexy occurring in elderly persons "causing laceration of the brain," as believed by Dr. Sutherland to have been the diseased condition in this case, to observe such a sudden disappearance of the paralysis and rapid restoration of voice as took place on the second day of Sir George's illness. When paralysis follows an effusion of blood into the substance of the brain, or in other words, in hemorrhagic apoplexy, it often continues for the rest of life, and when recovery does take place, it is very slow and gradual; but the partial paralysis that follows an attack of epileptiform disease of the brain, not caused by hemorrhage, may continue for a short period only. Many eminent men, advanced in years, were subject to attacks similar to those of Sir George, yet were capable of performing important duties soon after they recovered from these attacks. In estimating the value of Dr.



Sutherland's testimony, it must not be forgotten that his opportunities for observation were not as ample as those afforded Drs. DeCouagne and Thorborn, who remained day and night with their patient. His visits were made early in the morning and late in the evening, and lasted but for fifteen or twenty minutes, a period much too short, in my opinion, to have enabled him to master fully all the features of the case; particularly as regards the amount of mental capacity of the patient. In making these comments, I must be allowed to express myself with some reluctance, as the opinions I entertain are so completely at variance with those of an experienced physician, deservedly enjoying a large share of public confidence; yet as the ends of justice require that the truth should be established, I have no hesitation in repeating what I have already stated, *Firstly*. That I do not consider that Sir George Simpson's last illness was true hemorrhagic apoplexy attended with laceration of the brain. *Secondly*. That I do not believe that bleeding and depletion were the most appropriate treatment. *Thirdly*. That I do not consider that Dr. Sutherland's opportunities for examining the patient were sufficiently ample to enable him to arrive at an unerring conclusion concerning his mental state. *Fourthly*. That in my opinion, there may have been, and I believe that there were, many periods during his last illness, when Sir George Simpson was capable of performing acts requiring the full enjoyment of his mental faculties. *Fifthly*. That the hallucinations alluded to by Dr. Sutherland are similar to those that many persons labor under when suffering from the form of cerebral disease to which I have alluded, and which disappear very rapidly, leaving the person in possession of his mental faculties, and not preventing him from performing duties of an arduous and responsible character.

I have read the deposition of Dr. Workman as well—he coincides with me in doubting the accuracy of Dr. Sutherland's diagnosis, and also about the propriety of the treatment adopted—the rest of the deposition has little reference, in my opinion, to the case of Sir George. It is, in fact, a discourse on insanity, and would be equally applicable to the

case of any of the inmates of the Asylum of which he is superintendent. He does not appear to have taken sufficient account of the many conditions of the brain capable of cure under proper treatment, before the individual arrives at that state which he believes to have existed from the beginning of the disease in Sir George, namely, confirmed lunacy.

*Question.*—In view, then, of the facts stated in the depositions of the medical men, before referred to, do you believe it possible that, on the occasions when Drs. Thorborn and De-Couagne state that Sir George Simpson enjoyed intervals of perfect lucidity, he should not have been in full possession of his mental faculties?

*Answer.*—It is my opinion he must have been in full possession of his mental faculties on those occasions.

*Cross-Examined.*—In the prominent case of the member of the garrison to which I have referred in my examination in chief, the hallucinations lasted, as I was informed, a day or two, but he always recovered from them rapidly, so much so that on one occasion his attending physician had gone to his house to see him, and found he had gone to his office. He died of erysipelas of the leg, a disease which had no connection whatever with the brain attacks which produced the hallucinations referred to. I consider that the attack which Sir George had in February, to which Dr. Sutherland has alluded, was similar in character to the attack in September, but less severe. I do not consider that the prior attack was congestive apoplexy—the treatment, in both instances, believing as I do that disease of the heart caused both attacks by disturbing the circulation of the brain, ought to have been, in my opinion, counter-irritation with a cautious use of stimulants, particularly those which act on the nervous system and the functions of the heart, combined with rest and perfect freedom from mental occupation.

I consider that Sir George Simpson died from anæmia, or bloodless condition of the brain, causing a commencing softening of the brain, which would have ended in the formation of abscess or purulent infiltration of the brain. I do not think



that there was acute inflammation of the brain on the third, fourth or fifth days of September. I do not consider that he died from inflammation of the brain, but that he died rather from exhaustion of the nervous system, caused by anæmic or bloodless condition of the brain. The delirium, as described by the attending physicians, is consistent with the physical condition of Sir George that I have described.

*Question.*—On the presumption that Sir George was completely delirious from the morning of the third till the morning of the fourth of September, could he, by any possibility, be regarded as a man of sound and disposing mind, memory and understanding, at any time during that period?

*Answer.*—Not if he were completely delirious.

*Question.*—On the presumption that on the morning of the fourth, he showed indications of returning consciousness, but that he, nevertheless, continued to have fits every hour or two, until the morning of the sixth, when they ceased, the intervals between the fits being greater towards the latter period, is it possible that Sir George, early on the morning of the fourth, could be considered to have been a man of sound and disposing mind, memory and understanding?

*Answer.*—He may have been in that condition, but I should not consider that any act done at that time, unless confirmed by subsequent acts, when the symptoms of his disease had apparently abated, should be received without some doubt or hesitation. Much would depend on what he meant by “returning consciousness”—the term used by Dr. DeCouagne.

*Question.*—On the presumption that on the morning of the fourth of September, between half past seven and eight o'clock, Sir George was under the delusion that he was dead, and pointing to a person in the room at the time, he referred to that person as having just died, do you believe that Sir George could have been at that time of a sound and disposing mind, memory and understanding?

*Answer.*—Perhaps not, at that exact moment, but as these hallucinations are often of a transient nature, quickly disappearing, he may have been very soon after.

*Question.*—On the presumption that through the night pre-

vious Sir George had had maniacal delirium, and that he had not only been delirious but furious, and that the hallucination of his being dead was the same which he exhibited on the morning and evening of the third of September, do you believe that between the night of the third and the period above stated, of between half past seven and eight o'clock on the morning of the fourth, Sir George could have been of sound and disposing mind, memory and understanding?

*Answer.*—I do not think so.

*Question.*—On the presumption that the hallucinations referred to in Dr. Sutherland's deposition, instead of quickly disappearing, continued not only unabated, from the morning of the third till the morning of the sixth of September, but that they were intensified to that degree, that on the morning of the fifth he was under the delusion that he had been killed by the persons in the room, and that every one of them had taken part in the murder, and that he was under the further delusion that he had been drugged to death likewise, and bearing in mind the fits alluded to by Dr. DeCouagne as occurring during the interval, do you believe that at any time early in the morning of the fourth of September, Sir George was of sound and disposing mind, memory and understanding.

*Answer.*—If these hallucinations were permanent, and not provoked by injudicious questioning, or reference to the past hallucinations, I should think he could not have been of sound mind, memory and understanding at the period named.

*Question.*—Considering that Dr. Sutherland attests that when he visited Sir George on the morning of the fifth of September, he found him yet worse, and that Sir George had had in the interval between the coming of the fourth and that visit, epileptiform convulsions during the night, had again been utterly unmanageable, forcibly going out of the room and down stairs, and that on the morning of the sixth of September, Dr. Sutherland found Sir George in a state of coma, and that Sir George had had during the night involuntary evacuations, as evidenced by what Dr. Sutherland saw in the bed, and presuming all that Dr. Sutherland so attests was true, and on the presumption that the hallucinations



before referred to were permanent from the third till the morning of the sixth of September, and were unprovoked by injudicious questioning or reference to past hallucinations, do you believe that at any time between the morning of the third and the morning of the sixth, Sir George Simpson was of sound and disposing mind, memory and understanding, particularly when it is borne in mind that Dr. Sutherland's prognosis as to Sir George's death was confirmed by the fact of his death between ten and eleven o'clock on the morning of the seventh of September?

*Answer.*—Presuming that all that Dr. Sutherland has stated was correct, and uncontradicted by the evidence of the other medical men and of other persons connected with Sir George Simpson's establishment and family, I should say that he was not. But, as my view of the nature of the case differs, in some respects, from that of Dr. Sutherland, he may have been imperceptibly biased by a train of symptoms which would not have carried the same weight in my mind; and I am quite willing to admit that the data furnished from which to form a correct opinion may be insufficient.

*Question.*—At what period do you consider that the anæmia, which you state Sir George, in your opinion, died from, commenced?

*Answer.*—On the day of the attack—I believe caused by exhaustion of the nervous system, and I have been led to form this opinion from the history of Sir George's case antecedent to any of the attacks alluded to by Dr. Sutherland, and specially from what occurred the day previous to the last attack. This previous history, and what occurred previous to the last attack, I learned from one of his former medical attendants, and his personal friends.

*Question.*—When do you consider that the commencing softening of the brain, which you state was caused by the anæmia, began?

*Answer.*—I consider that it was towards the close of his disease, when he is described by Dr. Sutherland as having become comatose, a condition which may have been caused by commencing softening, or by serous effusion, which is a com-

mon termination of this condition. The natural result of such a state, as I have above described, is such as actually occurred in the present case.

*Question.*—Considering that the anæmia was not only continuous, but resulted in softening of the brain, as you have above described, and that death speedily followed this last condition, would you consider that Sir George's brain was at any time during his last illness in a normal state?

*Answer.*—I have not stated that I believe that the brain was throughout the whole course of his illness in precisely the same anæmic condition. On the contrary, I believe that there were intervals when the circulation was almost normal, and that during these intervals the brain performed its functions. I am led to this opinion by a careful examination of the details of Sir George's case and of cases almost similar. The delusions under which Sir George is stated to have been laboring, were, I think, caused by the anæmic condition of the brain, and not by acute inflammation of the brain.

*Question.*—In view of the fact that Sir George's condition, instead of improving, was worse on the night of the 2d of September, do you not think that his imagining himself well on the morning of the 2d, so much so that he thought he should soon be smoking his cigar, was as much a delusion as his thinking himself dead at a subsequent period when he was alive?

*Answer.*—The contradiction between the evidence of Dr. Sutherland and Dr. DeCouagne, the latter declaring that Sir George was totally conscious on the morning of the 2d, would lead me to suppose that his assertion that he was well was not a delusion, and the expressions correspond with his ordinary cheerfulness of character.

*Question.*—Was the result of the anæmic attack, which you state terminated either in softening of the brain or serous effusion, followed by speedy death, consistent with the idea that the attack of the brain was progressive, or otherwise?

*Answer.*—It is consistent with the idea of its being either steadily progressive or interrupted. I believe, of course, that the latter was the case from many of the phenomena presented



in the course of the disease, as the return of power and the return of reason.

I should like here to state that there is a point connected with Sir George's case, which has not been alluded to by any of the attending physicians, and that is as to which side was paralyzed. If the paralysis, mentioned on the first day, was on the right side of the body, the restoration of power to the right hand which would enable him to sign checks, accompanied by a corresponding restoration to reason, must be considered as indicating marked improvement in his state, and favoring the idea of lucid intervals in his disease. Of course, if the left side were the one which was paralyzed, and that motion had been restored to it at the same time that the mind appeared lucid, the evidence of improvement, though valuable, would not be so convincing as under the former supposition.

My belief is that the bleeding had an injurious effect upon his chances of recovery, and that it was calculated to depress the patient, the degree of depression being in proportion to the loss of blood, the exact amount of which is not noted.

*Question.*—Is depression from bleeding consistent with the idea that Sir George's saying on the second day of his illness that he would be quite well the next day, and smoking his cigar, was the result of his natural great energy and determination to fight against symptoms by others considered most alarming?

*Answer.*—It is consistent. In my opinion the cerebral attack was the result of long-continued disease of the heart, and I am led to this opinion from information given to me by one of his former physicians who attended him as far back as eighteen years ago, who has stated to me that Sir George was subject to frequent attacks of syncope or fainting; that he had a remarkably slow and irregular pulse, and that his experience of Sir George's constitution would have prevented him from using the lancet for any disease by which Sir George might have been attacked. The effect of this disease of the heart would be to interfere with the circulation of the blood,

when, from any cause, the power of the heart was diminished.

*Question.*—Is it not frequently the case that such a condition of the blood vessels, as you have described in your evidence, predisposes to their rupture?

*Answer.*—Yes.

Staff-Surgeon, Edward B. Tuson, of the district of Montreal, on the part of the plaintiffs, deposed as follows:

I am not related, allied or of kin to, or in the employ of any of the parties in this cause. I am not interested in the event of this suit.

I have resided in Montreal since May, 1859, and have during that time, been in the exercise of my profession here, as staff-surgeon.

*Question.*—Have you, in your capacity of staff-surgeon, any knowledge of the case of a military officer mentioned by Dr. MacDonnell in his evidence in this case given, who was subject to attacks of an epileptiform nature? and if so, state your knowledge of that case at length.

*Answer.*—The case to which, I presume, Dr. MacDonnell alludes, and of which I have some knowledge, is that of the late Town Major Macdonald, who was seized with an attack, returned and entered in the military case book as “apoplexy,” in January, 1859, by the then medical attendant. The medical officer making the return, enters at the same time in the book, that the case was not one of simple apoplexy, but partook of an epileptiform character. The patient has been, on numerous occasions, since then, affected by fits of an epileptiform nature, with apoplectic symptoms, marking a congested condition of the brain, such as drowsiness, insensibility, temporary coma, in fact. All these fits since May, 1859, (and there have been a good many of them,) took place under my own observation, that is to say, I was called in to attend him. On one occasion in November, 1860, he had a fit of which the attendant symptoms were contracted pupils, full and jarring pulse, severe pain on the right side of the head, and temporary coma, after which he became affected



with mental hallucinations. He fancied and declared himself dead, and when I asked him to take some breakfast, he said, how could a dead man eat. He also believed and declared his wife was dead, and talked of marrying again, though his wife was standing there in the room, and labored under various other delusions of a similar nature. On the 9th, which was three days after the attack, it is distinctly stated in my medical case book, "that he remains in full possession of his senses." My belief is that he recovered his senses on the 7th or 8th, but I have no note of the exact date, and cannot remember it. I mention this particular fit as a specimen of those under which he suffered. The others were much of the same kind. On the 25th of November last, (1861,) he had another attack noticed in my case book as similar, that is, attended with similar symptoms to the one just described, and hallucinations of the same nature. On this occasion he did not say he was dead, but conceived himself at the point of death, saying he would be dead in three minutes, that I had come just in time to see him breath his last, and that I must make haste to give him what I was going to give him, or he would be dead before he could get it. He was not suffering at the time from any pain except some on the right side of his head, and there was nothing to afford a ground for his remarks. It was simply an hallucination. On the following day, the 26th, he is entered in my case book as "quite rational and as usual after his attacks," and on that day, the 26th, he was at his office transacting his usual public business.

He had a number of minor attacks, during which he labored under hallucinations of various kinds for part of the night. He would get up and dress himself in the night, and prepared to go out on all sorts of imaginary business. To many of these attacks, I was not called in. On the next day after each, he would be quite unconscious of what had passed, and perfectly rational, and at his usual business. I cannot say whether these smaller attacks were accompanied with apoplectic symptoms or not, as they would not send for me till next morning, when he would be recovering from them, but on the other occasions which I have related, there were apo-

plectic symptoms, as I have described. The attacks generally ended in a deep sleep for some hours, after which he generally awaked quite rational.

*Question.*—In attacks of an epileptiform nature, such as you have described, attended with apoplectic symptoms, does the patient in your opinion and according to your own observation, recover the complete use of his mental faculties after the fit has left him?

*Answer.*—In this instance, the recovery of the mental faculties was certainly complete, but I would not like to make a general assertion to that effect.

The patient, in this instance, died of erysipelas, and the attacks I have mentioned had no effect in causing his death, which took place in January last, (1862.) He was perfectly sensible to the last.

*Cross-Examined.*—In Town Major McDonald's case, he always recovered his mental faculties after he awoke from the sleep which invariably followed the hallucinations. This sleep was a natural one. Although he thus recovered, he latterly complained that his memory was affected, and I wish to state with reference to the attack of the 6th of November, 1860, my impression is that his mind wandered for four and twenty hours after the sleep which followed the hallucinations.

*Question.*—In the case of a person attacked, say on the first day of the month at an early hour, with a fit, attended with epileptiform convulsions, with imperfect paralysis of one side, and perfect insensibility, who so far recovered as to be able to converse fluently on the morning of the second, but whose symptoms changed, so that on the evening of the second he became delirious, and had scarcely any sleep, and whose symptoms so far from improving, became more aggravated, the patient on the morning of the third, though speaking fluently and apparently with correctness as to his state, nevertheless informed his attending physician that he had died during the night, that he had paid a visit to hell, and that he had found it a very agreeable place; such hallucination continuing unabated through the fourth and fifth days until the morn-



ing of the sixth, when his physician found him in a state of coma, the patient having had, during the night involuntary evacuations, as was evidenced by what the physician saw in the bed, and although the hallucinations did not subsequently exhibit themselves, nor the coma continue in a positive form, yet that he nevertheless died on the morning of the seventh, would you assimilate that case in any degree to that of Town Major McDonald, of which you have spoken in your examination in chief?

*Answer.*—I should certainly assimilate it very closely to the case of Town Major McDonald up till the morning of the sixth, when the patient is stated to have been found comatose. The cases terminating quite differently, the one by the patient completely recovering and going about his usual avocations, and the other terminating in coma, and followed next day by death. I wish to add that I am answering this question as suddenly as it is put to me, without giving the subject of it any previous consideration.

The effect of an anæmic attack is frequently to produce convulsions, and disordered functions of all sorts. The functions of the brain being disturbed by such an attack, would produce delusions or hallucinations as much as an attack of acute inflammation of the brain would do, or any other cause affecting gravely the circulating condition of the brain."

Upon the evidence we have given above, which comprises, we believe, the whole offered in the case, the decision of the Court was as follows :

MONCK, J.—FLANAGAN *vs.* FINLAYSON AND AL.—This was an action by the Rev. John Flanagan, of Lachine, against Duncan Finlayson and al, as the Executors of the late Sir George Simpson, to recover the sum of one thousand dollars, given by check, drawn to the order of the plaintiff on the 6th September, 1860. The defendants contended that the above legacy was null and void, alleging that the testator was not of sound mind at the time of making the codicil. The judgment of the court was as follows: Considering that it is not alleged, pretended or proved, &c., by the defendants that there

was any fraud or suggestion practised in regard to the gift or donation mentioned, and set forth in the plaintiff's declaration, or any improper influence whatever exercised over the mind of the late Sir George Simpson relative to the said gift or donation, the amount whereof is sought to be recovered by the present action; and considering that the defendants have not proved, by legal and conclusive evidence, that the mind of the late Sir George Simpson, at the time of making and signing the order or check, by the plaintiffs produced and filed in this cause, and at the time of making the donation or gift set forth was of unsound mind and incapable in law of making such gift or donation; and considering that the plaintiffs have, by good and sufficient testimony, established the fact that he was of sound mind, and capable of making the said gift or donation; the plaintiff having fully established the material allegations of his declaration; and considering that it is fully established by evidence on record that it was the will and intention of the said late Sir George Simpson, to make the said gift or donation, &c., &c. :

And the court, proceeding to adjudge upon the merits of the plaintiff's action and demand, considering that the plaintiff hath established by legal and sufficient evidence, the material allegations of his declaration, and particularly that the order or check dated 4th Sept., 1860, upon which the present action rests in part, was drawn and made payable to the order of the said plaintiff, at the request and by the order of the said late George Simpson: doth maintain the plaintiff's action, and doth adjudge and condemn the defendants in their capacity to pay to the plaintiff the sum of £250 (\$1,000) currency, the amount of the said gift or donation, with interest thereon from the day of service of process until paid, and costs of suit.

His Honor stated that his notes in this case were full, and would be communicated to the Counsel, and held that the action, which was against the Executors of Sir George Simpson for the amount of a check for \$1,000 in favor of the plaintiff, was well brought; that the *check* was a donation *inter vivos*, and was sufficiently accepted; that the deceased was at the time capable of making such a donation, had



recurred to its being made, and that from the intimacy between the *deceased and the plaintiff*, nothing was more natural than that it should be made."

We understand that this decision has been appealed from, and we sincerely hope that it may be reversed. We have placed all the testimony before our readers, and they can form their own opinion as to the correctness of the conclusions arrived at by the Court. For ourselves, we fully concur in the views of Dr. Workman. No one, we conceive, who has made insanity a subject of special study, and who is practically familiar with its manifestations, can, after reading the evidence above quoted, disagree with Dr. Workman's conclusion, that "at no time, from the day when Sir George Simpson was seized with his last illness, to wit, the first day September, 1860, up to his death, was he, the said Sir George Simpson, of sound and disposing mind, memory and understanding." Dr. Workman's reasons for this opinion are so full and satisfactory that any extended comment upon the case, on our part, would be superfluous. We may, however, add one or two observations.

It must create some surprise that no fuller testimony was taken in a case so important as Sir George Simpson's. The cross-examinations of the witnesses are in every case insufficient to test thoroughly the correctness of their observations, and, in several instances, unaccountably brief. As a consequence of this, there are many facts which would have an important bearing upon the questions at issue, which are but touched upon in the evidence. We have, for example, no testimony as to Sir George's previous mental state or moral tendencies, nor does it appear whether the donations made by Sir George were in accordance with his previously expressed wishes, or with the general tenor of his actions, yet both of these facts would throw light upon the character of Sir George's generosity during his last hours.

We think Dr. Workman's remark a just one, that "it is a very common, but a very gross error, to hold that insane persons never speak or act like sane persons," and it was just this

error which led to the decision in the present case. *All* the physicians, without exception, testify to the fact Sir George Simpson *died of disease of the brain*. This is not disputed. Yet, because at times, during the very period when the disorder was swiftly proceeding to its fatal termination, Sir George *spoke in a rational manner*, it was contended and believed that he was enjoying a "lucid interval." Dr. DeCouagne says "Sir George died of inflammation of the brain," and, at the same time, seems to think that the last stages of inflammation of the brain, ushered in by protracted convulsions and resulting in death, and attended, for the greater part of the time, with maniacal excitement, on the part of the patient, are no obstacle to intervals of "perfect lucidity!"

Dr. DeCouagne's testimony, especially, is incomplete and defective, in many most important particulars. His cross-examination was certainly not a searching one, consisting apparently of two questions. He does not allude to Sir George's hallucinations, yet it cannot be that he was ignorant of them, or attached no importance to them. He deals only in general expressions in describing Sir George's condition, and expressions, too, which are not remarkable for scientific accuracy. Witness the word "consciousness" in his deposition.

In these respects the testimony of Dr. Sutherland is much more satisfactory and more extended. The cross-examination to which he was subjected only served to give particularity and precision to his description of Sir George's symptoms and condition, which gives it additional weight.

Dr. Thorborn's testimony is necessarily of no great importance, as he was only present during part of the last two days of Sir George's illness.

We have read the evidence of Dr. MacDonnell with mingled feelings of surprise and regret. Surprise that a case of such importance should have been submitted to a person so manifestly unqualified to pronounce on its merits, and regret that the witness should have so far lost sight at once, of professional decorum and the questions involved in the case. His evidence, perhaps, needs no comments, as his cross-examination



quite disposes of the confident assertions of his examination-in-chief. However, we will briefly notice a few points.

As the attending and consulting physicians have not testified on the treatment of Sir George's case, further than to say that he took medicine and was bled, the extended criticism of Dr. MacDonnell to show that the case was mismanaged, is, to say the least, uncalled for. While disapproving of depletion generally in such cases, the quantity of blood taken from Sir George is not stated, and as the amount taken seems, from the evidence of his medical attendants, to have afforded temporary relief from the more alarming symptoms, we cannot say that it aggravated the case. Dr. MacDonnell deposes that "the hallucinations alluded to by Dr. Sutherland are such as frequently present themselves in cases of cerebral disease, and last sometimes for a few days, leaving the individual in full possession of his mental faculties," and to illustrate the statement, brings forward what he terms a remarkable instance. This illustrative case is detailed by Dr. Tuson. Any man of experience will see in the symptoms an ordinary case of epilepsy, and one not having the slightest similarity to that of Sir George Simpson's. Even Dr. Tuson, who probably would lay no claim to familiarity with mental diseases, states on his cross-examination that the cases were dissimilar in their progress and termination. And we might here remark, that while there is no reason to believe from the evidence, that Major McDonald was in full possession of his senses, there are instances, and some in distinguished persons, where epilepsy has existed a period of years without perceptible mental impairment.

Dr. MacDonnell's views of the pathological condition of the brain of Sir George, in the absence of what we would deem the only reliable data for a confident opinion, *post-mortem* examination, we do not think it worth while to discuss. His remarks too, on heart disease in old persons, with concomitant cerebral symptoms, though interesting, we cannot perceive have any bearing on the case of Sir George, if the physicians having charge of the case have presented the symptoms with any degree of fidelity. On this point, he

takes occasion to go beyond the record to fortify his opinion. He not only charges mismanagement of the case in endeavoring to sustain the theory he has announced, but when closely pressed, under cross-examination, declares, "I am led to this opinion from information given to me by one of his former physicians." While we are glad to have important antecedent facts, we do not think they should be hearsay and not under oath. To further sustain himself, he denies the medical attendants in charge the ability to perceive understandingly the symptoms. He says, "as *my* view of the nature of the case differs in some respects from that of Dr. Sutherland, *he* may have been imperceptibly biased by a train of symptoms, which would not have carried the same weight in my mind." If Dr. MacDonnell saw in Sir George's symptoms the case of Town Major McDonald, aggravated by improper treatment, we can readily perceive how he can differ from Dr. Southerland. Admitting (which we do not,) that the case was mismanaged through ignorance, the detail of facts still remains in evidence, and if the bleeding had aggravated the case, it could not, at the same time, have improved his mental condition. Admitting (which we do not) that Sir George, in accordance with the experience and observation of Dr. MacDonnell in other cases, might have have exhibited a different train of symptoms under other treatment, and that the hallucinations might have passed off rapidly and left him not only with lucid intervals, but in the full possession of his senses, inasmuch as this did not occur, but that, on the contrary, the onset of the disease was violent and alarming, his convulsions continued from day to day, his hallucinations were not only persistent but intensified to the last, that a great part of the time he was under wild, maniacal delirium, are we not justified in rejecting his view of the case, and that he did not, with the additional antecedent facts he alludes to, understand the case better than Sir George's medical attendants? His persistence in ignoring the facts presented in evidence reminds us of the philosopher, who, on having his favorite theory confronted with facts, declared, "then, sir, so much the worse for the facts."



Before closing our remarks on this point, we would notice the reference which Dr. MacDonnell has made to the evidence of Dr. Workman, which with equal flippancy and ignorance, he designates "a discourse on insanity," which "would be equally applicable to the case of any of the inmates of the asylum of which he is superintendent." Dr. Workman's professional reputation is too well established, both in this country and in Europe, to render necessary any vindication on our part, of his familiarity with the "many conditions of the brain," premonitory of insanity, or other cerebral diseases.

It is hardly less than our duty to signify the regret which we have experienced in the perusal of the evidence of the plaintiff's witnesses, casually or otherwise, bearing on the question of Sir George's insane manifestations. Who that would restrict himself to the evidence given by Dr. DeCouagne, Dr. Thorborn, and the Messrs. Murray, McKenzie, and Hopkins, would have even a remote apprehension that any of the facts detailed by Dr. Sutherland had existence! Perhaps the ignoring of these facts is ascribable to the management of the case by counsel, rather than to any purpose of reticence on the part of the witnesses; but to whatever cause it may be ascribed, it is justly, so far as the verdict of public intelligence is concerned, a damaging fact. Doctors DeCouagne and Thorborn are both as mute on the subject of Sir George's hallucinations, as to his visitation of the infernal regions, and the epidemic which had recently augmented their population, as if the whole matter had been no portion of the history of the case; and yet Dr. Sutherland affirms that "the same hallucinations continued," even "intensified, up to the last day on which he was able to speak" to him. This was Sir George's mental condition on the 3d of September, when he signed the first check. Mr. Murray says he "would not pretend to say that Sir George was delirious, for he always spoke quite sensibly to him;" at all events, we suppose, he held Sir George to be perfectly sensible at the time of signing *his* check. He does admit, that on the "afternoon of the day on which the *last* checks were made out, he got out of bed oftener than usual." No doubt he did, and so, too, would Mr.

Murray have done had he believed himself to be in the same lodgings Sir George thought himself to be occupying.

We think very few of the readers of this JOURNAL, and especially of those engaged in the treatment of insanity, will fail to recognize, in both the physical and mental symptoms of Sir George's case, of disease preëminently fatal, and not consistent with lucidity of interval. There are certainly very few familiar with cerebral diseases, who will hold that mere reasonableness, or benevolence, of an act performed by a person suspected of insanity, is a sufficient negative of mental unsoundness. No fact, too, is better known to the whole specialty, than the concomitance of a spirit of enlarged benevolence with the most fatal forms of insanity.

The late decisions in the English courts have gone far towards establishing the doctrine, that whenever an absolute disease of the brain is proved, and it is shown likewise that, in any one particular, the person so afflicted exhibits insane delusions, he is legally incapacitated—that he can perform no legal act which shall be binding, even in reference to the subjects unaffected by his hallucinations. If this point was fully settled, it would be conclusive in the case before us. However, without invoking any such rigorous rule, it may well be doubted whether a decision which holds that a man, in the last stages of fatal disease of the brain, accompanied by persistent hallucinations, and who exhibits the delirium of active insanity is *compos mentis* at those intervals when he is able for a short time to speak rationally, is in accordance with the law of any civilized country upon the earth.



SHAKSPEARE'S DELINEATIONS OF IMBECILITY,  
AS EXHIBITED IN HIS FOOLS AND CLOWNS.

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LAUNCE.—Another shade of mental obtuseness and imbecility has been exhibited by our dramatist in the character of Launce, the clown *par excellence*, in “Two Gentlemen of Verona.” Launce is not a character manufactured by a playwright—one of “nature’s journeymen,” to serve a particular purpose, but is a product of nature’s own handiwork, and if not the most cunning, still, none the less genuine.

The close companionship which exists between him and his interesting dog Crab, is evidently one based upon a moral and intellectual fitness in the characters of the two. The clown is such by natural organization, and no education or change of circumstances or condition could make him otherwise. So the dog Crab, even with the “gentleman-like dogs” among whom he has thrust himself, under the Duke’s table, is nevertheless the cur which nature made him; and we can scarcely conceive that even the cultivation of “three generations,” which some high authorities have contended for as necessary to make a gentleman, would suffice to make either a courtier of the one, or a “gentleman-like dog” of the other. Like Justice Shallow and his serving men, the spirits of the two are so “married in conjunction” by constant intercourse that the one has come to conduct himself, in all companies, as a cur-like clown, and the other as a clownish cur, among all kinds of gentlemanly and well-bred dogs, whether spaniel, terrier, mastiff or poodle.

Next to the human associates a man takes into his confidence, nothing seems to furnish a more correct index to his character than the species of the canine race he selects as his companions. The grim looking, fighting bull-dog is found at the heels of the bully and prize-fighter. The dignified mas-

tiff and gentlemanly Newfoundland, guard carefully the vaults and premises of the stately banker. The gaunt hound is found in the train of the active, vigorous, fox-hunting squire. The poodle or spaniel, who trusts to his good looks and fawning manners to carry him through, is the combed, washed and petted companion of my lady, or the dandy who "capers nimbly in my lady's chamber," but the *cur*, who seems to be a combination of the evil qualities of all these, your "*yaller-dog*," so graphically described by the inimitable Autocrat in Elsie Venner, is found at the heels of the clown, and the nature of the relationship is nowhere so admirably depicted as by our poet in his delineations of Launce and his dog Crab. The one is as much the prince of curs as the other is the prince of clowns, and the inimitable curtain-lecture which is bestowed by the clown upon the cur in Act IV, Scene 4, has shaken the sides of all christendom for the last two centuries, and will continue to do so until a sense of the ludicrous ceases to be a characteristic of mankind.

The clown and his cur are first introduced to us in Act II, Scene 3, where the former depicts so vividly and dramatically the parting scene between himself and his family, and contrasts his own and their grief with the stoical indifference of the cur. He first calls especial attention to that extreme tender-heartedness which is a marked characteristic of the Launce family, and measures by the hour the time it will take to do his weeping.

If not a strong-minded youth, Launce is evidently possessed of that tender-heartedness which is a marked characteristic of "all the kind of the Launces."

"Nay, 'twill be this hour ere I have done weeping. All the kind of the Launces have this very fault."

These Launces are all "soft people." In other words, there is a "soft spot," or a "screw loose" somewhere in the minds of all of them; yet they are simple, good-hearted, amiable, harmless people, who cannot suffer to see a dog abused, even for such undignified behavior as Crab was guilty of when among the "gentleman-like dogs" under the Duke's table.



Launce, in his extreme goodness of heart, would sooner be kicked himself than see a "dumb brute" suffer, even though guilty. In a humane society for the prevention of cruelty to animals, all the Launces would be "burning and shining lights," and even ready to suffer to shield the brute, as Launce suffered for Crab.

"Nay, I'll be sworn, I have sat in the stocks for puddings he has stolen, otherwise he had been executed; I have stood on the pillory for geese he hath killed, otherwise he had suffered for it." (Act IV, Scene 4.)

The invective which the clown pours out upon the cur for his ingratitude, and his imperturbable stoicism in refusing his sympathy and tears in the parting scene, so touchingly and dramatically described in Act II, Scene 3, is richly humorous. His old grand-dam, "who having no eyes, had wept herself blind;" his mother had gone on "like a wild woman;" the maid had howled, and the cat wrung her hands, yet the surly and imperturbable cur, being "one not used to the melting mood," sheds not a tear or speaks a word. A decent, intelligent, "gentleman-like dog" might reasonably have been supposed to show emotion of some kind, for the scene, as depicted by the clown, must certainly have been sufficient to "make a horse laugh," if not to cause a dog to grieve. But perhaps Crab may have had the sagacity to perceive that after all, the weeping and wailing was only the manifestation of a very superficial sorrow, a grief quite shallow, like the minds of those affected. At all events, he must be a "prodigious son" indeed, and affected with a most prodigious sorrow, who can employ such figures in giving so minute and graphic a description of it. When he takes one old shoe to personate his father, and another with a "worser sole" to represent his mother, and his staff, "because it is long and white," to represent his sister, and his hat to represent Nan the maid, and makes use of such grand hyperbolical figures, such as laying the dust with his tears, filling the channel of the river with them if it were dry, that it would float his boat, the sails of which he could fill with his sighs, etc., we have a pretty correct gauge of the depths of sorrow such an imbecile clown is capable of. Like many in real life of the same mental pro-

portions, Launce is endowed with a certain kind of wit and humor, and this, as we are convinced, a careful and minute examination of Shakspeare's delineations will show, is ever entirely consistent with the general mental characteristics of the individual, and is made to flow naturally and easily from its source.

We are ever made to feel that the wit belongs to the character, as a natural and essential ingredient, and is not, as is sometimes the case with inferior artists, something merely engrafted upon it, for effect. The wit of Shakspeare, if we may use the expression, is always filtered through the mental alembic of the character he is depicting, and comes forth unalloyed—something which is recognized at once by all who have the knowledge necessary to examine carefully, as a genuine product—and though this is an object aimed at by all delineators of character, none have been so eminently successful, in everything they have attempted, as our great dramatist. His characters always appear to think their own thoughts, and speak their own words, without giving us the faintest impression that these thoughts and words are put into their minds and mouths by another. They are *their* thoughts and *their* words by natural, mental evolution. Some critics assert, we are aware, that Shakspeare sometimes causes his heroes and heroines to utter sentiments not consistent with their general, mental and moral characteristics, sometimes making them the media for the utterance of what has more the appearance of his own divine inspiration than the thoughts of his characters. This has more than once been pointed out as a blemish, or in the language of the critics, one of those “spots” to be found on the face of the great intellectual luminary.

We think, however, that a more careful study and examination of his characters will go far to remove this objection. It is only within the last few years that several of his higher creations have been at all understood, from a want of that scientific knowledge absolutely necessary to the proper understanding of them; and since, it is to be hoped, the reign of critical ignorance has well nigh ceased, the numerous “spots”



upon the face of the "luminary" have one by one disappeared; and this leads us to think that time and knowledge may cause the whole to vanish. The history of the critical investigations into the characters of Lear and Hamlet alone would furnish some curious illustrations of this.

Shakspeare was too good a metaphysician and psychologist to make any glaring errors of the kind referred to. And so great is our confidence in the keenness and accuracy of his metaphysical and psychological perceptions that, at the risk of being charged by such critics with a blind adoration of this great genius, we venture to assert, that we are not far from believing, that such psychological inaccuracies are scarcely in the nature of things, and in a large majority of instances, arise more from critical misconceptions than from error or mistake of the artist.

Shakspeare has ever been far in advance of all his critics, and if, as has been sufficiently shown, it has taken two centuries for them to discover a mere fractional part of what he appears to have known, we may reasonably suppose that it will yet take some decades at least, if not centuries, of critical, scientific and intellectual development, to comprehend the whole. Experience has amply shown, that, though humiliating, it is far safer to acknowledge our weakness, and the imperfection of our own vision as compared with his, than to employ ourselves in seeking to discover and point out the "spots" upon the face of the great luminary. In his works, like those of a still higher and more divine order of inspiration, much that is hard to comprehend must be reserved for the future to develop, for now, the feeble-eyed critic can scarcely "behold him face to face," but must contemplate him through the dim and obscure glass of his own comparatively imperfect perceptions.

But to return, after this digression, to the character we have been examining.

The humorous and bull-headed obstinacy with which Launce refuses to give Speed any knowledge of his master's amours, in Scene 5, Act II, except the same is wrung from him by a parable, is exceedingly characteristic of his lubberly

nature. After much circumlocution, and much teasing of his impertinent and curious questioner, he “caps the climax” of his mulish obstinacy by referring the whole matter in question to Crab, his interesting, intelligent, and ever-present canine companion :

*Speed.*—But tell me true, will't be a match?

*Launce.*—Ask my dog; if he say aye it will, if he say no it will, if he shake his tail and say nothing, it will.

*Speed.*—The conclusion is, then, that it will.

*Launce.*—You shall never get such a secret out of me but by a parable.

His humorous punning and play upon words is also quite characteristic, and shows that this faculty may be possessed in quite an eminent degree by those of quite inferior mental calibre, like Launce. The play upon the word “understanding,” in the scene just quoted, though not the most brilliant, is nevertheless eminently worthy of the source from whence it proceeds :

*Speed.*—What an ass thou art; I understand thee not.

*Launce.*—What a block thou art, that thou can'st not. My staff understands me.

*Speed.*—What thou sayest?

*Launce.*—Ay, and what I do too. Look thee, I'll but lean and my staff understands me.

*Speed.*—It stands under thee, indeed.

*Launce.*—Why, stand under and understand is all one.

But Launce's most choice humor is always spent upon Crab, his boon companion, and the standing butt of his ridicule and invective. The dog appears to have possessed naturally, certain very unamiable qualities, even for a cur, which qualities the “precise” education of the clown seems to have been insufficient to correct. “I have taught him,” says the clown, “even as one would say, precisely thus would I teach a dog.” He had diligently sought to have him “one that takes upon himself to be a dog indeed; to be, as it were, a dog at all things.” But alas, the inherent cur-like qualities, natural to the brute, are ever prominent, and always thrust forward to the great annoyance of his master, upon every occasion when they should not be.

The unfeeling nature of the brute, and the ingratitude he



manifests for all the kindness lavished upon him by Launce, who "saved him from drowning when three or four of his blind brothers and sisters went to it," is always brought prominently forward by the clown in a manner so serious as to render the whole exceedingly comical. The clown's play upon the word "tide," in reference to the disposition of the dog, is about as rich and characteristic as anything :

*Panthino.*—Away, ass, you'll lose the tide, if you tarry any longer.

*Launce.*—It is no matter if the tied were lost, for it is the unkindest tied that ever any man tied.

*Panthino.*—What is the unkindest tide ?

*Launce.*—Why, he that is tied here, Crab, my dog.

But the character of Launce would not have been complete if the poet had neglected to give us an insight of his amours. This he has taken care to do in the latter part of Scene 1, Act III. If, as we have already shown, the mental and moral characteristics of the clown have been most curiously illustrated in the selection of his canine companion, they have been none the less so in the selection of his mistress, who, if we may judge from that curious "cat-log" of her qualities produced by the clown and submitted to the inspection of his friend Speed, appears to have been about as well adapted to Launce as was the dog Crab himself. The principles which guided him in making his selection of a mistress, appear to have been the same as would have actuated him in the selection of a dog, or a horse, or a piece of property of any kind. In this respect, we fear the character of Launce, the clown, is by no means unique. The same presiding principles have undoubtedly actuated many a "marriage of convenience" among those who regard themselves, and are regarded by the world, as possessing far greater mental and moral proportions than Launce, and who indeed would think themselves hardly dealt by if all the characteristic virtues of genuine Christians were not attributed to them. Launce first proceeds to make, most systematically, a comparative estimate of the qualities and characteristic virtues and vices of his mistress, and here he lets slip a very quiet, yet significant inuendo, in respect to the kind of Christians here

alluded to. "She has more qualities," says he, "than a water-spaniel, which is much in a *bare Christian*." "Here is a cat-log," continues he, *pulling out a paper*, "of her conditions. Imprimis, she can fetch and carry. Why, a horse can do no more. Nay, a horse cannot fetch, only carry, therefore she is better than a jade." A most generous admission, certainly, as well as characteristic comparison, for, in the mind of the clown, a horse, dog and maid are readily associated, and it is hard to say which would take the first place in his affections. Launce appears to have chosen his mistress as the Vicar of Wakefield chose his wife, less for the eminence of her intellectual characteristics than for the durability of such gifts and qualities as were capable of being turned to some practical account in the conduct of life.

That she had had "gossips," and that her only title to "maid" was that she could "milk:" and that she was "her master's maid and served for wages," appears not to have troubled him, as was to have been supposed. With him this small "drawback" would not signify, when weighed in the balance, against her practical qualities. She could "sew," she could "knit," and she could "spin," and this last faculty would enable him to "set the world on wheels," for she could "spin for a living." She could "wash and scour," and this was a "special" virtue, for then she "need not be washed and scoured." And moreover, "blessings on her heart," she could "brew good ale," which in the eyes of the clown, was her most shining virtue, and one which he could turn to great practical account, for his appetite for *ale* was like to be one of great permanence, and therefore this most valuable quality must not be set down with those "nameless," those "bastard virtues," which have no fathers, but as a most especial offset to all these. And then as to her "vices, following close on the heels of her virtues," we will allow him to speak for himself, to show how his love, such as it was, could transform all these into most especial virtues:

*Speed*.—Item. She is not to be kissed fasting, in respect to her breath.

*Launce*.—Well, that fault may be mended with a breakfast. Read on.

*Speed*.—Item. She has a sweet mouth.



*Launce.*—That makes amends for her sour breath.

*Speed.*—Item. She doth talk in her sleep.

*Launce.*—It is no matter for that, so she slip not in her talk.

*Speed.*—Item. She is slow in words.

*Launce.*—O villain! that set this down among her vices. To be slow in words is a woman's only virtue. I pray thee out with it, and place it for her chief virtue.

*Speed.*—Item. She is proud.

*Launce.*—Out with that too; it was Eve's legacy, and cannot be taken from her.

*Speed.*—Item. She hath no teeth.

*Launce.*—I care not for that, neither, for I love crusts.

*Speed.*—Item. She is curst.

*Launce.*—Well, the best is, she has no teeth to bite.

*Speed.*—Item. She will often praise her liquor.

*Launce.*—If her liquor be good, she shall; if she will not, I will, for good things should be praised.

*Speed.*—Item. She is too liberal.

*Launce.*—Of her tongue she cannot, for that's writ down she is slow of; of her purse, she shall not, for that I'll keep shut. Now, of another thing she may, and that cannot I help. Well, proceed.

*Speed.*—Item. She hath more hair than wit, and more faults than hairs, and more wealth than faults.

*Launce.*—Stop there, I'll have her; she was mine and not mine twice or thrice in that last article. Rehearse that once more.

*Speed.*—Item. She hath more hair than wit.

*Launce.*—More hair than wit; it may be I'll prove it. The cover of the salt hides the salt, and therefore it is more than the salt; the hair that covers the wit is more than the wit, for the greater hides the less. What next?

*Speed.*—And more faults than hairs.

*Launce.*—That's monstrous. O, that that were out.

*Speed.*—And more wealth than faults.

*Launce.*—Why, that word makes the faults gracious. Well, I'll have her; and if it be a match, as nothing is impossible.

Launce, like many in real life, of far greater Christian pretensions, and of far greater intellectual, if not moral proportions, appears not to have been unsusceptible to the influence of money in the formation and direction of matrimonial alliances. With him as with others, wealth appears to have been a cloak, whose ample folds were sufficient to cover a multitude of vices, for though she have "more faults than hairs," the wealth was all powerful to "make the faults gracious."

But the last act of Launce's clownish imbecility is shown in Act IV, Scene 4, where the "foolish lout," as he is desig-

nated by his master, is sent to deliver the lap-dog to Madam Silvia, his master's mistress, and where, after he has suffered the hangman's boy to steal the gift from him in the market-place, the brilliant but dangerous expedient of substituting his own insufferable cur Crab, and offering him to the lady in place of the lost poodle, occurs to his mind :

*Launce.*—Marry, sir, I carried Mistress Silvia the dog you bade me.

*Proteus.*—And what says she to my little jewel?

*Launce.*—Marry, she says your dog was a cur, and curish thanks is good enough for such a present.

*Proteus.*—But she received my dog?

*Launce.*—No, indeed, did she not; here have I brought him back again.

*Proteus.*—What! did'st thou offer her this cur from me?

*Launce.*—Ay, sir, the other squirrel was stolen from me by a hangman's boy in the market-place, and then I offered her my own, who is a dog as big as ten of yours, and therefore the gift the greater.

After this Launce disappears forever, amid the fierce blaze of his master's indignation at his clownish stupidity, but happily not till he has uttered his famous soliloquy over his dog, at the opening of Scene 4, Act IV, commencing, "When a man's servant shall play the cur with him," &c., which, as a specimen of low clownish humor has never been approached, and perhaps never will be; not indeed, until, in the eloquent words of the late Dr. Maginn, "The waters of some Avon, here or elsewhere, (it is a good celtic name for rivers in general,) shall once more bathe the limbs of the like of him, who was laid for his last earthly sleep under a grave-stone bearing a disregarded inscription, on the north side of the chancel in the great church at Stratford."

The disregard of the inscription upon the humble tablet reared above the last resting place of all that was earthly of the bard is of little moment, when we remember, that while the dust it was meant to commemorate was animated by the spirit, there was reared, as it were unconsciously, a monument far nobler than the huge piles which mark the resting places of Egyptian kings, a monument of enduring thoughts and immortal words, and one which shall stand, not only when the "great church of Stratford" shall have crumbled into dust, but when all the "cloud-capped towers," the "gorgeous



palaces" and "solemn temples" which now adorn the proud isle which claims him as her master-spirit, shall be numbered among the things that were, having passed forever away,

"And like an insubstantial pageant, faded,  
Left not a rack behind."

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## THE GHEEL QUESTION :

FROM AN AMERICAN POINT OF VIEW.

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BY DR. J. PARIGOT, HASTINGS-UPON-HUDSON.

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Having left Europe about two years since, many publications on *Free-Air Treatment* and *Family Life* for the insane, must necessarily have escaped my attention. My efforts heretofore to elucidate the question of Belgian non-restraint in open asylums, and the interests of American asylums to be established at a future day on this principle, alike forbid my leaving these papers unanswered. Then, even here, a duty devolves upon me to examine the tendencies of these recent papers, to applaud the benefits they confer on a cause I had the honor to defend in Europe, in common with many physicians of great talent and experience, and to repel unjust criticisms of a system which is but the continuation of Pinel's idea, "the complete emancipation of patients from the prejudices of the dark ages." My interference, moreover, has another object. The Free-Air System will be much sooner adopted in rising and powerful nations, such as the United States, Brazil and those of Central America, than in Europe, where reform can destroy but slowly abuses which have crept up so gradually and so securely as to offer a strong resistance. There a reform must hurt many interests. Here, having nothing to do with persons holding lucrative offices, or with rivalries or hatreds; unknown, and free from the suspicion of private interest, I feel at liberty to fulfil what I consider a duty towards the insane.

I must in this paper, beg leave to employ the first person of the verb. This is not my fault, but since my first published opinions on Gheel, certain writers have, as it were, put me on the stand. According to some, very kind to me, I was the *propagateur de l'idée de l'air libre*; with others I was a benevolent but too ardent champion, or an aggressive writer inclined to mishandle those who regarded my views as erroneous, or failed to arrive at the same conclusions. Now, on the contrary, my friends praise me for my tenacity, which it appears has only affected my purse. In a paper by Dr. DeMundy, of Moravia, I am said to be the indefatigable advocate and constantly assailed champion of Gheel. In a note of the same paper may be read that "Professor Parigot, of Brussels, has sacrificed his position, his time, fortune, and medical practice, for the defence of Gheel and its system, and yet his professional brethren hurl reproach at him. Does it require a surer proof that he defends a great cause?" Then, in a recent article in the *Medical Critic*\* of London, I am spoken of

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\* "SING SING, N. Y., U. S., March 10, 1862.

"MY DEAR SIR, AND MUCH RESPECTED FRIEND:

"Your very kind letter of the 1st of February has been duly received; I remember also with much pleasure the too short time spent in your company, and do keep a vivid memory of your kindness to me. As you perceive, I left Belgium with my family, never to return to live in that country.

"I see with much pleasure that new asylums are under erection in Scotland, on the principles you advocated in 1860. I will be happy to hear of success in establishing this new form of asylums, approaching the system of real colonies; but allow me to say I do not think you or your friends will derive any profit from your visit to Gheel, whose great principle of devotion to humanity is fast declining in spite of the good will and the assertions of Dr. Bulckens in his last report. Anciently, as you know, great abuses existed in that colony; the peasant was *plundered* by the then existing brokers in lunatics; the form was generally bad, but, *individually*, charity was often a real fact; then, also, some cities and towns had honest supervisors in Gheel, who, by their dealings and doings, poured, comparatively, shame on the bad ones; it was a source of emulation and even of forced competition. When, in 1849, I was first appointed there, it required a long time before I could appreciate the real value, and its relative *effet utile* of such a colony. Its mechanism was simple, and to describe it I found no better expression than *air libre et vie de famille*. From that time my only aim was to develop and point out the morality and charity of such institution, and to make it the general principle of Gheel; and now, my best reward is to know and



kindly, but as being a *partisan*, (almost a guerilla among psychologists,) dead to European civilization. Might I not say to both,

Good Saint, and Devil!

Pray not so fast; you both outrun discretion.

I claim only to have advocated a principle which belongs to the public conscience, namely, that institutions for the insane, although making progress as regards material comfort and utility, are not yet what they ought to be, *hospitals for the cure*, and that a colony like Gheel, if established on therapeutical principles and design, might accomplish this object.

What may be expected from asylums is already ascertained. The modern ones of Belgium, France and Germany are very similar. The efforts and success of many of my friends who are at the head of these establishments, are very

to be conscious, that at least in that point I have been useful. In the plans explained in my little pamphlet on Gheel, an infirmary was to be built at a certain distance of the village (above a mile or more,) far from cafes and beer-houses, and that building was to be a simple reproduction, on a large and convenient scale, of a family mansion, being the center of medical action. Besides all things necessary for such purpose, I wanted large grounds, somewhat elevated, where I could have pure, dry air, and almost pure distilled water, from rivulets originating at the foot of sandy hills in the neighborhood, and that water in sufficient quantity for the bathing of 800 to 1,000 patients. Large fields should have belonged to the infirmary, and everything was to be so arranged as to permit an imperceptible transition from a large farm to an hospital.

“Now, my dear sir, under the inspiration of the late Guislain, who had quite different opinions on the utility of a colony, and was an open and honest enemy to Gheel, but the consequence of which was a mistake, and actually under the influence of some hypocrites, or *faux bons hommes*, as they are called, who knew very well that the surest means to destroy Gheel, is to alter its characteristics, they have built the *infimerie*, you will have to examine, with its *cells Guislain, en forme de menagerie*, &c., &c., and established a *comite* which has the whole moral and material management of the colony. Inquire, if you please, of some Gheelois who are these men, their profession, avocations, &c., and perhaps you will find that they are the very land and house proprietors, notaries, shop-keepers, &c., who in reality divide amongst themselves the benefit of keeping the insane. There may be an attempt to make you believe that the physicians have the moral direction of the institute, but perhaps some will say the truth.

“Now, I can say that the *secret* of the future *Gheels* as colonies, or as *open asylums*, as I would call your modification in Scotland, depends entirely and from no other condition than the spirit of *justice and morality*, and *devotion* to humanity, of their superintendents. These fundamental principles should impregnate the

well known. Was it my purpose to slander them? Supposing that I was called here by one of the States to superintend an asylum, I am not sure that I could successfully imitate them. But nevertheless, in spite of being called a *dreamer* or *weak-minded*, I must state my convictions that such constructions and plans are opposed to real therapeutical success. Is it an axiom, that to treat the insane they must be quartered by hundreds? People suppose it is a great benefit to have large establishments capable of keeping and maintaining with comfort, one or two thousand patients. Now I would inquire if this is also for the interest of the patients themselves? I believe not, and to substantiate my opinion, I need only open the reports of superintendents and commissioners in lunacy in several countries. As a member of the board of inspection of lunatic asylums, I criticised some establishments which were mere mercantile enterprises. Did I mean to attack certain of those proprietors, professional men of high merit, or laymen who accomplished all their duties? Not at all; my reproaches were directed to those mongers in lunacy who had undertaken the care of the insane only

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atmosphere of the asylums, farms, or cottages. The next great necessity, as you are well aware, is the choice of proper individuals as *attendants*—*nouriciers*, &c., as you may call them.

“I need not to mention the *great art* and *difficulty* of adjusting the various qualities and even *defects* of the sane and insane persons who are to live together. All these considerations lead me to say, that, if I had the charge here or anywhere else to establish such colonies, I should, first of all, instruct a small number of attendants (saturate the air with good principles,) who would instruct and show the example to others, and then afterwards gradually admit the patients. It is a very difficult period to pass, but once the machine is set to go on good principles—its *effets utiles* being perceptible to all—every inmate, in his capacity, will help the regular action of the institution.

“To resume. I believe that Gheel, changing its characteristics, is still the most imperfect of asylums, especially when compared to your beautiful asylums. It declines as a colony, because it loses its original simplicity, and, in some degree, devotion to the insane. Now it is in the hands of *doctrinaires*, without principles but that of filling their pockets. It is true they have the numerous *reglements*, but they will never do until the colony is not an asylum.

“J. PARIGOT.”

“P. S.—Our political sky becomes clearer for the present, but I fear the heaping up of difficulties between this country and Europe for the future.”



with a view to the profit of their purse, and whatever their profession, or their rank in society, whether priest or monk, I did my best to unveil their inhumanity and hypocrisy.

As I have just said, I knew the value of asylums on the continent, but had not seen those of Britain; I therefore visited this kingdom before leaving Europe, to examine its institutions, and (as has been remarked,) to find an opportunity to preach a bloodless and philanthropic crusade against *prison asylums*. And this calls to mind my embarrassment and failure as an orator, and also reminds me of the kind reception I met in Scotland and England. My aim in visiting British asylums had naturally a connection with the question of Gheel. English non-restraint was to be compared with the Belgian Free-Air System. Some of my notes during that trip may serve as an introduction to the subject.

The first English asylum I visited was the Retreat of York, a sort of private institution for Quakers, which nevertheless admits boarders of other denominations. House, halls, apartments are clean, comfortably, and even richly furnished. The doctor was absent and at the sea-side with some of the boarders. Excellent! But those who were alone in beautiful rooms, or those assembled in day-rooms, could nothing be done for their mental comfort? I remember a young idiotic female sitting helplessly in a hall, another young lady (she was violent,) in a cell, and a lypemaniac who had retired to her apartments, where of course, she was left entirely to her own fancies. The opening, shutting, and locking of doors irritated the patients, and the appearance of a stranger excited the male department. This was sufficient to show me the advantage of the family life. In this beautiful house the comfort was complete, and so far as I could observe, the non-restraint system faithfully practiced, still the moral state of the inmates, their personality, appeared to me in an inferior condition compared with all the comforts that surrounded them. I have not the slightest doubt that the great advantages of the Retreat of York are medical care and knowledge, and also the occasional intercourse with society at large, outside the house.

I was much pleased with my visit to the Glasgow Asylum at Gartnavel. This institution possesses a peculiar charter, and the administration of its affairs is left entirely to the superintendent, under the inspection of a council named by the board of aldermen of Glasgow and Paisley ; the whole is inspected by the commissioners of lunacy in Scotland.

To a stranger entirely unacquainted with British institutions, there are facts which, by their peculiarity may reveal to him some secret conditions of their mechanism. For instance, he may sometimes infer and judge from the tone, manner, and importance of a porter, the character, good taste and judgment of the board of directors, and further of the by-laws enacted by them, whether they be liberal or narrow-minded. Sometimes a well-nourished voice that bellows from the porter's lodge, "What do you want?" foretells the sort of power which speaks through him. If admitted, you will find on your way all sorts of warning and exhortations, such as "By order of the committee defence — of — to do this or that." The concealed *Deus ex machinâ* is felt everywhere, but the charitable spirit seems indeed absent. There also the medical power and action are limited and inefficient. In such institutions we may be sure to find the physician but a tool, dependent upon caprice, ignorance and vanity. This certainly is not the case at Gartnavel, where the superintendent is one of the governors. I believe that with such an arrangement the superintendent is none the less under the necessity of controlling his acts, and of submitting them to the decision and approval of the board. A seat in the council not only gives to the physician an opportunity of hearing and answering all the observations on his management, but he is better able to accomplish the purpose of the hospital, i. e. the cure of insanity, and having taken part in the deliberations and voting, and fully comprehending the decisions of the board, he can as its agent, carry them out more effectually. It is of course, to be presumed that when a vote is to be passed upon himself, the physician will have the good taste not to participate in it. It must be felt that the moral status of the superintendent of Gartnavel or a similarly organized asylum, gives at once the



confidence and respect of all other officers, and exerts a peculiarly happy influence on the patients. Considering these conditions, I soon understood how Dr. Mackintosh had been enabled to do so much good, and why Gartnavel, although laboring under the difficulties of confined yards, high walls, unemployed hands and an imperfect system of non-restraint, was still a beautiful and serviceable institution for the poor and the rich.

Afterwards I saluted you, beautiful and proud city of Edinburgh! It was with heart and mind full of Walter Scott's descriptions that I perambulated its splendid natural and historical monuments. West of the Scotch empire city, amid the peculiar scenery of distant trappean hills, is placed the Morning Side Royal Asylum. Why has its architect not been inspired by the greatness of the surrounding landscape? At all events, the actual superintendent, Dr. Skae, of European reputation, has already shown in the erection of the new buildings of the asylum, that the conditions of æration and ventilation must in some respects be an imitation of the high and lofty ceilings that hang over the surrounding hills. The Morning Side Asylum has nearly exhausted all known or conceivable appliances for the mental and bodily comfort of the insane. For the body, labor in and out of doors, and workshops of all kinds; for the mind, various recreations, the school, the lecture-room, the theatre, and the publication of the *Mirror*. Next come excursions, trips, parties, &c., which act as springs to animate a sort of conventional life, and excite and encourage what is most needed, where a large number must act as dead weights upon the convalescents, namely, a feeling of *hope*. At least, the Morning Side Asylum is (to its fame,) the beloved retreat of many a mental sufferer, who in approaching insanity, or in the relapses of the disease, begs to be admitted.

In some of my criticised articles, I have said what I now repeat, that the music and ball-room may serve as an adjuvant in some cases of convalescence, but it remains to be seen whether the moral effect is not greater on public opinion than on the patients. Be this as it may, Morning Side, like many

other non-restraint asylums, requires the use of cells. If it be said that I never asked questions about the maniacs who were *non-restrained* in cells, I answer that I read their history in the oak doors on which their finger-nails had left numberless marks.

The non-restraint system is certainly a great advancement in psychiatry. It has the great advantage of freeing from coarse treatment those who are able to appreciate kindness, is a diminution of violence, but still the *cells*, and especially the kind proposed by the celebrated Guislain, serve to *concentrate* mental irritation, whereas free-air has the power of dissipating it.

I visited the Morning Side Asylum with an ardent desire to make the personal acquaintance of Dr. Sibbald, the learned author of a paper on Gheel. I have since learned that he had been offered the superintendence of an asylum, but he will, I doubt not, like the honorable Biffi, Mundy, Pi-y-Molist, Pyjadas, and many others, maintain the independence of his opinions on progressive psychiatry against the prejudices of our powerful adversaries.

During my visit to Scotland it was my good fortune to be guided by an eminent authority in our department of medical science, Dr. W. A. F. Browne. In a former paper I had made an inoffensive allusion to his opinions on Gheel, as recorded in a German diatribe against the Free-Air System. During my short stay in Scotland I had there to receive this honorable gentleman's kind protection, and subsequently to bear his sharp fire concealed in a mellifluous article entitled "*Cottage Asylums*," in the *Medical Critic*, 1861. The discussion on Gheel will afford me ample opportunities to return the fire. Now, I have only to remember his good and efficient protection. To enable me the more readily to form an opinion as to the feasibility of implanting the Belgian system in foreign countries, he gave me letters of introduction to visit, first, a poor-house, having a ward for insane paupers; secondly, a private institution for the poor, or those of small means; thirdly, a private institution for rich patients; and lastly, a letter to the visiting officer of poor lunatics considered harmless, and boarded by



peasants in a village. Without these instructions and recommendations, my object had been very difficult if not impossible to obtain, but the introduction of Dr. Browne, who is invested with the high office of commissioner in lunacy, made me welcome wherever I presented myself. The poor or work-house afforded proof of the unsuitableness of such a place for medical purposes. When will social science be able to prevent the adoption of a policy which, although well intended, in the end actually augments the burden of public charity? The asylum for the middling classes was clean but somewhat crowded, and had in the male department a rather repulsive aspect. Still, all the inmates were kindly treated, and appeared satisfied. The private asylum was especially intended for the rich, and closely resembled similar institutions in Belgium, the difference being only in the respective national ideas of comfort. I may call this private asylum the beautiful combination of some capitalist, whose principal object is to make money. The physician receives probably some fixed salary, besides having an interest according to the number of patients in the house. Agitated maniacs are shut up in cells, the windows are barred, bolts and locks secure the presence of the boarders when they meet in day-rooms or beautiful parlors. I found everywhere alike the *ennui* which pervades such establishments. The beautiful gardens are kept with the greatest nicety, and the gentleman who took the trouble to show me round, reproved the driver of my hackney-coach for having given hay to the horses within the premises.

The village I visited has about one hundred and fifty houses, some being poor cottages, but an air of quietness reigned in its streets. The officer to whom I was recommended was very serviceable, and took me at once to see a chronic maniac. We found the house shut, but the patient was at a neighbor's awaiting the return of his landlady from town. He was a young man, meanly clad, but his face announced satisfaction, a feature rarely found in shut-up establishments, but common at Gheel. Then we went to see a patient who was periodically affected, as I was informed, and who, *mirabile dictu*, was left to the care of his wife, and she confined to her bed

with a cancerous affection. The mad-man was out at his work. The third free patient was a woman, a lypemaniac. I wish I might here present Walter Scott's description of those hallucinated old women, who were anciently regarded as witches. It would apply to the aged country-woman I saw, with flowing gray hair, and curious dress, and absorbed in her delusion. She was cooking something over a small fire, and the room was in accordance with her person. She took not the slightest notice of our presence. Still I cannot infer that she was not much more happy than she would have been in the best asylum with one condition only, that she should be kindly treated by her keepers, and I was told that she was so.

I know that this element of self-satisfaction *or enjoyment*, is not taken into consideration by my opponents, but I think it most desirable, especially in incurable cases. My visits in this village ended, my impressions were that a *Gheel*, a pure colony even, could be very easily instituted in Scotland. Now supposing this or any other village had a small hospital or central infirmary, and a convenient staff of medical officers, the plan of a Free-Air System could there exist very well without the intervention of any saint, healing sources, or shrine whatever.

On my way to London a stoppage of a few hours at Retford, in a central county, afforded me the opportunity of entering some cottages to ask for board and attendance, telling the people that I had sometimes fits of insanity, or that I was searching for a family that would take an insane boarder, and I found people ready to accept these conditions at a reasonable price of ten to fifteen shillings a week. The cottages belonged to the working class in good circumstances, glad to add something to their income. Again I have not the slightest doubt about the practicability of erecting the best possible *Gheel* in England, where the middling classes are necessitous and the lower in great misery. It would perhaps be more difficult to establish at first a similar institution in the United States, on account of the *forward movement* of the same classes, but there are better conditions here in the vast extent of fertile lands, which may be employed for such colonies, which are



both medical and agricultural. Now, I believe they could be tried first with Flemish and Dutch or German attendants. I have no doubt that I could gather a sufficient number of inhabitants of Gheel to come here and continue their beneficial care of the insane. Nothing is more easy than to make rules for such establishments, which should insure sufficient advantages to such attendants and greatly benefit the patients.

Of all the asylums I visited, none, in my opinion, can be compared with that of Prestwich, near Manchester. This asylum was opened in 1851. The disposition of the wards is excellent, and favorable to the different classes of patients, their comfort and occupations; the whole interior of the building is cheerful and agreeable, and air and light accessible in every part. Bars, and other means of confinement, are dispensed with, as much as possible; the ventilation and cleanliness are so perfect that I could not trace the smallest scent, by which inspectors of asylums judge of the efficiency of the attendants, or recognize the faults of construction in the wards; the division for paralyzed patients was perfectly free from any offensive or impure effluvia. It was only in the beautiful gothic Chapel built in the park of the establishment, that I could find the peculiar smell of insane patients.

How much is Prestwich superior to the so much praised, and even vaunted asylum of Guislain, at Ghent! The two asylums bear no comparison; nevertheless, Guislain was not only a great psychologist, but also an eminent artist and draughtsman, and had made use of his talents in visiting the monuments and asylums of the continent, to combine all that constituted a perfect asylum. In my opinion, what makes Prestwich superior to all similar institutions, is felt by any visitor, in the diminished feeling of oppression which reigns inevitably in such immense receptacles as Hanwell, Colney Hatch, Bicetre, Salpetriere, &c.

Dr. Holland is the well-known and learned Superintendent of Prestwich, and though he is invested with the confidence of the committee of trustees, he has not, in my opinion, the moral ascendancy necessary to a complete control and

influence ; he is the responsible director, both medical and administrative, but the gentleman who is the cashier of the institution, is at the same time secretary of the committee, to which Dr. Holland has no access, and to which, according to the by-laws, he is obliged to report, *in writing*, of all dangerous cases or accidents. Now, what I say is entirely my own speculation. It may be that both the superintendent and secretary are on the best terms, and only desirous of the welfare of the institution. What I suppose, then, of difficulties might only exist in the opposite case.

What can we say of Hanwell and Colney Hatch? We have no admiration for triumphal arches employed as entrances to charitable institutions ; we can not approve, in a gastronomic point of view, of gigantic apparatuses, armed with steam and gas to cook, broil or roast. What a quantity of nutritive matter must be lost in such a wholesale way of preparing food ! We can only admire the clever inventions to diminish manual work in washing, drying, ironing, &c. Will it be permitted to say that I experienced a feeling of pity and of disgust, thinking of the injury done to patients, when I read the reports of the committee of visitors to the magistrates of the county, and remarked their contests with the commissioners in lunacy, and the physicians they have under their command. These reports contain the grossest errors on psychiatry, and show the proportion of nonsense that the physicians must endure from gentlemen who may have been successful merchants or shop-keepers, but are the worst administrators to be found. Speaking of these difficulties, I understood that they resulted, just as it happens in Belgium, that gradually the really learned gentlemen belonging to these committees retire from them, and thus leave full play to those who find only a sort of pastime in their retirement from business. One question shows the fallacy of the system followed in such establishments. Can a staff of four or five medical officers, including the pharmacist, suffice for the treatment of 1,200 to 1,800 patients ? This defect I have in all my writings and reports denounced as scandalous in Gheel, where five physicians had the charge, with me, of about



1,000 insane. Those who pretend that I am or was a blind partisan of Gheel do not certainly know that I always complained of the *non-medical treatment* of many of our patients. In one of my letters to the Minister of Justice of Belgium, I said that such fact was an imposition on the public, and a denial of justice to the sufferers. Considering the bulky population of Colney Hatch or Hanwell, the number of excited maniacs and agitated demented is considerable. Now, when you are witness to what takes place in the wards and yards of these unfortunates, the scene of confusion and excitement demonstrates at once the superiority of having them in the open air, far from any cause of excitement, and often employed usefully in agriculture. Even the stupid instruments of recreation and exercise offered to maniacs are an offense to good sense and charity. Leaving this subject, I mention with pleasure that I was admitted to see, in all their details, private establishments, under the care of several renowned psychologists of London. In all respects they are the best I could imagine; for, the small number of inmates makes the family life possible; and the excess of population makes London and its suburbs almost as isolated as a country place where nobody knows his neighbor.

Dr. D. Tilden Brown, of Bloomingdale Asylum, New York, has kindly loaned me the latest papers on the Gheel question. In the *Medical Critic* for 1861, at page 156, is an extract from the proceedings of a meeting of a few German alienists, in which my constant opponent, Dr. Flemming, introduced the subject of Gheel. It appears that these gentlemen—fourteen or fifteen in number—were most decidedly of opinion that “the imitation of the lunatic colony of Gheel, sought for by certain enthusiasts and psychiatrical dilettanti, was not likely to further the interest of either science or humanity.” The reason for such clique-decision might be asked, but it is useless to inquire. Any disinterested person may have remarked this fact, that in spite of their contempt for the *enthusiasts* and *dilettanti*, they confess that the free-air system shall be tried, and that in such case the vicinity of existing asylums is most convenient. Then, according to the

*council of the fourteen*, it was desirable that a portion of the incurably insane should be provided for outside of asylums. Why not the curable, also, if all are to be placed under the charge and care of physicians? In our opinion, no answer to the contrary could be given except that of *non possumus*.

Dr. W. A. F. Browne, one of the board of commissioners in lunacy for Scotland, has violently attacked the system of Gheel and my very insignificant person; and has acted, if I may be permitted to say so, as an advocate, making the case of his adversary the worst possible by misrepresentations. After an elaborate introduction ending with these words, condemning and abusing Gheel: "It afforded the last glimpse of a mediæval condition, incrustated with the stains and corruption of a worn-out organization, where the faith in the supernatural had faded away, and the sun of science had not yet arisen," Dr. Browne divides his arguments into four paragraphs.

First. Gheel has no supreme medical authority. True, no more than is to be found in most of Scotch and English asylums. The free-air system is medical *nullifidianism*; the claustral system, which barracks a hundred patients without a sufficient staff of medical officers, has the same result and worse consequences for many incipient cases. We pretend that the free-air system alone is able not to exasperate the disease in any of its stages. I do not believe that family life and liberty, consistent with the state of an insane person in the free air, (not fresh air as maliciously equivocated) can be construed as Dr. Browne does, into turning the insane *adrift* in the fields; no, it would be no remedy, but a crime against God and man. I never discarded therapeutical treatment in psychiatry, I believe; neither did I say that free air alone could be in all cases (though often successful) the unique remedy; nor did I ever conclude anything from the number of reputed receipts in favor of cures of a certain number of insane. I am sorry to find an authority such as Dr. Browne, pretending to say that the moral treatment is an



heresy in our science. Certainly, I consider the share of moral causes greater than the physical in insanity, but do I say that insanity has no existence in our tissues? Is it fair to take for argument the very complaints I always made of the deficiencies of the medical staff of Gheel, when I find the same fault in all the public asylums I visited in Scotland and England?

Dr. Browne's following words are an instance of his mode of argumentation: "The opinion of M. Parigot, that a weekly visit may suffice for any case," &c. Really, I should be ashamed of myself, and would think I deserved no more the title of Doctor, if I had ever thought or written such stupidity. Now, please to look at page 96, of the work cited by my opponent, and it will be found a *quotation* of the committee of which Guislain was the head. But Guislain never meant such absurdity, for the committee alluded only to incurable cases.

Here follows a beautifully written passage by the Scotch commissioner, but sophistical in all its points: "It may be that confinement, monotony, that close, constant association with unhealthy and debased minds act detrimentally upon the disposition of those who are imperfectly constituted and educated, and tend to produce that indifference, hardness, harshness and enfeebled conscientiousness, which so often frustrate the hopes and measures of the physician. A similar morbid and malign influence must, however, if it exist at all, be diffused through the homestead of the yeomen of Gheel by the constant presence of the insane inmates. It must present itself in even a more insidious and intense form. The exposure of the attendant to the *infection* is limited to hours; he escapes to his family, his home, his holiday. He spends his vacation in sleep or amid healthful and invigorating impressions. But the skeleton, the demon of the disease, haunts the Gheelois but forever. It is a part not merely of household arrangement for good or for evil, it is a part of the inmost thought." Well, nothing of all this is the fact. Let us examine: one insane, or even two, in a family of seven persons in the full activity of their callings—these can not

influence the medium, or *infect* it, as says Dr. Browne; the medium of fifty or a hundred insane in a ward may certainly affect more readily a person who has nothing to do but to think of his duties concerning the life and safety of the patients entrusted to his care. The demon or poison of asylums, if it exists, as a competent authority asserts, is unknown in the *hut*, rather the *farm*, of the good people of Gheel. Besides, it has been ascertained that insanity is not more frequent in that locality than anywhere else in Belgium; for as respects the hardness and harshness of the Gheelois keeper, no instance is known of the murder of the insane by them. Certainly, I, the too ardent defender of Gheel, after having described faithfully all the defects of my ancient field of labor, bear testimony to the kindness, zeal and forbearance of the great majority of its *nouriciers*, and deplore that it was not possible to recompense the *angelic devotion* I witnessed in many of them.

In the third division of his criticism, Dr. Browne gives us an insight into his own philosophical principles. He finds that I entertain an erroneous view of human nature, the very frame work of society, and also of the *moral* treatment of those of unsound mind; because I think that to oppose an insane person is, on some occasions to excite him unnecessarily; and that I permitted an insane man to do with his time what he pleased, with a view of quieting him. Every body knows that there exists only two ways to treat humanity—kindness or severity. According to the philosophical principles of some, humanity is naturally perverse, and the government must be strong and able to chastise, and an asylum must have a severe discipline and compel the refractories. Dr. Browne says that the greatest intellects must be opposed, that education consists in a series of restrictions, concessions and sacrifices to the will of others, that society is kept by *antagonisms, concurrence, absorption of individualities, &c.* In the world, as just described, I find the principle of the pagans, who fought for power and gold. The world I contemplated in my writings is that in which *love and charity* are the levers to save humanity.



Changing abruptly in his tactics, Dr. Browne remarks in his fourth division, that the amount of restraint in Gheel is painful and unjustifiable. He pretends that the selected cases sent to Gheel are such that the timidity of the custodians alone may account for such restraint as straps, chains and iron girdles. Perhaps the doctor should take some better information on the subject, before entering the pathological field. He says that the *extreme defenders* (not those so modest and free from partisanship as Dr. Bulckens,) are ignorant of the fact, that personal liberty, and even gesticulations, may be prejudicial, that economization of strength and tissue by some means was considered a justification of the use of the strait jacket and padded rooms, that exercise is interdicted in mental diseases of cardiac origin, that asylums are places of rest and quiet, and that discipline and treatment (exclusive of the moral influence) are the real therapeutical agents. Dr. Browne should not sneer at the moral influence, since he says in the same article that it sometimes happens that the pain and the repugnance are in themselves remedial.

Since the honorable Dr. Conolly, in a speech, has declared that the *Gheel system is not one that he should like to see followed in England*, we may perhaps say that he is right, because it would be evidence that non-restraint is only a preliminary step to a medical system in which all the benefits conferred by Dr. Conolly would be superceded by a rational treatment of insanity, employing a necessary restraint much better adapted to insanity than all the padded rooms, in which sometimes the insane and their attendants fight for life or death.

In the fifth division my opinions are again misrepresented. I find this passage: "Mr. Parigot sneers at classifications, as if they rendered life more endurable to the prisoner." No, I sneer to be so misrepresented, and at a scientific classification which is very difficult in books, impossible in asylums, and of no advantage in therapeutics. I wish the patient to be cured and not amused, and if incurable permitted to live in such manner as to make his life more endurable and free from

artificial recreations. I am also accused here of offering objections to the work performed in asylums. Did I object to this most beneficent means of recovery when I was kindly shown round Gartnavel or Morning Side? I am asked why should labor be more voluntary in a colony, which insane men can not leave in consequence of iron cinctures, straps, &c., than in a *confraternity* from which his escape is prevented by walls? My answer is, because family life leads to activity which is the aim of human existence, and that the claustral confraternity of the insane is irrational in all respects.

Is it not extraordinary that, having so much criticised the system of Gheel, Dr. Browne, like other psychopathists, brings forth a modification of Gheel, which in fact is the amelioration of Gheel itself, a medical center having the necessary cottages as dependences. Dr. Bucknill, although an enemy of the free-air system, wishes that a part of an asylum should assume the form of a village. Is it not incomprehensible that all these gentlemen should wish to direct a real progress in psychiatry while at the same time they deny its existence?

Recently, two authors of high reputation in France, Drs. Brierre DeBoismont and J. Falret, have written interesting papers on Gheel.

Dr. Falret's report to the medico-psychological society of Paris, is a very able *resumé*, but gives no solution of the question now under discussion. Dr. Brierre objected to some of the conclusions of the report, and it is to that fact that the medical public owes the very able speech he made on the subject. In his exordium, he regrets that several speeches and memoirs for and against Gheel have been beyond the limits of an ordeal of true scientific discussion. This is just and right. For my part, I beg to refer the reader of this paper to what I said page 293 in the number of July, 1860, in the *Journal of Psychological Medicine*, and judge if I deserved the attack of Dr. Browne, in the *Medical Critic*, July 1861, from page 213 to page 231. Twelve years ago Dr. Brierre was much opposed to Gheel. Now his criticisms bear principally upon some difficulties of the system, not on the prin-



ciple, which he admits, as does Dr. Moreau (deTours,) and I must say that never an unkind word fell from him on those, who like myself, had to direct public attention to this most important subject. It was not in the *paper* of the *propagateur de l'idée* to be luke-warm. Feeling this necessity of value, Dr. Brierre never attacked us personally, and we here thank him for his good taste. At the beginning of his discourse the learned orator gives a masterly statement of the question, which is not, as supposed by most of the disputants, whether there exists a locality or not, where the insane are set at liberty, and more or less taken care of, but to inquire whether the principle can be made use of in some convenient manner, with the habits and customs of foreign countries. The constant increase of insanity, and the inadequate means of treating the patients in asylums, require colonization under some form or other. If the system of Gheel can be imitated, the consideration of humanity must enforce its adoption. For, if the insane have more liberty, if their labor affords them some relief, or a more comfortable existence, if at least, they are placed in conditions nearer those of ordinary life, *then there exists a progress*, which if not appreciated by some of them, is certainly a great consolation to their families. It is in vain, continues Dr. DeBoismont, that some writers have objected to the very small rooms, the want of animal food, the confusion of sexes, the presence of three or four patients in one house, the poverty of some peasants who keep them, the bad treatment, the chains, the absence of medical care, certain excesses and combinations of the inhabitants anxious to conceal their dealings; all these abuses, *which are certainly very limited in Gheel*, may, under a good administration, disappear; if, for instance, a liberal payment of the patient's board was made, if a convenient medical staff, proportionate to the number of the lunatics, and honorably recompensed for their work, was instituted, and if a well organized infirmary should be built. Now, the Belgian government, which boasts so much of Gheel, can confer all these blessings *whenever it pleases*. Here we must interrupt Dr. Brierre, and tell him that in a memoir inserted in the *Journal de Medicine de*

*Brussels*, of November and December, 1859, he will find the reasons why it does *not please* the government, or rather the *bureau* of the justice department of Belgium, to make Gheel the best curative asylum. The only difficulty which Dr. DeBoismont finds insuperable, is the difficulty, nay the impossibility of a proper individual treatment in such an extended parish as that of Gheel. We believe that if the infirm-ary had been placed in a healthy locality, where free-air and water could have been obtained, not only that central house, but even the nearly situated cottages might have answered all the wants in this respect.

But as a good citizen, the principal question with the celebrated Parisian psychopathist was whether a Gheel could be created in France. In his opinion, if a trial was made, it ought to be on a small scale at first, for several reasons; namely, they have in France no born philanthropists at hand like the Gheelois keepers, and there would be terrible opposition, bad will, fear and terror, brought in the way of such experiment by the neighborhood of such locality. But now, where should such colony be placed? Evidently far from great cities or manufacturing towns, in a country where religious feelings are still preserved, with other conditions, such as cheap living and isolation, which are indispensable for a colony. But according to Dr. Brierre, whose experience is of great weight, the morals pervading the county, the multiplicity of crimes against persons, render such experiment very uncertain.

Now, the attention of the orator was directed to a small charmingly written book on colonies, by M. Jules Duval,\* one of the talented writers of *La Revue des Deux Mondes* and *le Journal des Débats*. Dr. Brierre criticised several points of psychiatry. First, liberty is sometimes a nuisance for the insane. Certainly for *certain* insane patients, but for the majority, the non-restraint in free-air is a benefit. We have already answered the criticism of Dr. Browne respecting the condition

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\* Gheel ou une colonie d'aliénés vivant en famille et en liberté. Par Jules Duval. New York. Baillière Brothers, 440 Broadway.



of treatment, and need not to repeat that discipline is excellent in certain cases, but distressing in the majority of them. Now, we must say that the objection of Dr. DeBoismont relating to the freedom of corresponding by letters, has no foundation. The Belgian constitution protects individual liberty to the utmost. Respecting insane persons the law says: "No superintendent, medical or not, no keeper or servant of an insane person shall, in any case whatsoever, suppress the correspondence of a lunatic, either with the magistrates, the public, or their family." Now, according to the argument, we must remember that calumnies, falsehoods and intrigues dated from an asylum, have no great importance, and are easily defeated. Does Dr. DeBoismont really suppose that erroneous ideas and exalted feelings are to be conquered by discipline? Vicious habits may sometimes yield to strong rules, but not always.

Mr. Duval in treating of the reform of asylums, does not say that they must be destroyed. Neither have I said so, and Dr. Bulckens, in declaring *claustral asylums* necessary, but expresses a truism which no one doubts; still, his proposition must be very agreeable to the antagonist of the new system. My great fear for Gheel is the gradual slackening of the principles which, in spite of so many abuses, have permitted the colony to come to our days through centuries. If these principles of charity and devotion to the greatest misery under heaven were to be exchanged for cells, like those invented by Guislain at Ghent, then Gheel may be considered as destroyed, and this to the great satisfaction of the jesuitical party of Belgium. The introduction of cells under the approval, or even through the submission of its medical inspector, is already a victory of our opponents. What did I remark on the doors, three or four inches thick, as ancient postern were, of the cells in Great Britain? The proof that the confinement in a cell is, first, the abandonment of the patient at a moment when he should not be lost sight of. Secondly, the certain excitation and reaction of the patient to a point that may prove fatal, for what can we know of the variable excitability and moral sensibility of all those we put in close and solitary confinement? Thirdly, the negation or *nullified*

*ianism* of psychiatry, moral and medical. Again, why build cells in Gheel? It is said that we turned adrift our patients into the fields. We deny the charge, although this is no more inhuman than putting them into cells.

Dr. Brierre finds himself led to this conclusion : That claustral asylums being a necessity, and free-air asylums too difficult to establish in France, the cottage system near an asylum must be the solution of the question. For him, the colony of Fitz-James, a village in the vicinity of the small town of Clermont near Paris, answers every purpose. Unhappily, nobody will agree with him, for the name of colony can not be employed to designate a farm, of whatever extent it may be. Besides in Fitz-James there is no possible family life. It may be a good specimen of organization for field-labor, an immense farm arranged as a work-shop for out-door employment, but it has nothing in common with Gheel, and less with the future *therapeutical Gheels*.

Now, from what I have read in the papers kindly offered to me for perusal, it appears that every day defenders of the new system rise in every country. Dr. DeMundy is certainly the man who must be regarded as the benevolent leader of us all. In fact, his writings appear simultaneously in Germany, England and Belgium, and they prove his great talents and activity. Drs. Moreau (de Tours,) Delasiauve, Brierre, DeBoismont, and the high-minded and eloquent writer, Jules Duval, are of such influence in France that I expect soon some great change in the management of public and private asylums there. Dr. Seraphino Biffi, of Milan, my noble friend, one of the first and most generous defenders of Gheel, will renovate the ideas of the treatment of insanity in Italy. Drs. Pi-y-Molist and Pyjadas, of Barcelona, will do the same for Spain. I see that even Russia has also found a reformer in Dr. Wiri-koff; therefore my *paper* is well finished, but I have, before its conclusion, only to add a few words on Gheel. In the year 1852, I published a small volume on the colony which attracted the attention of alienists. In that book I purposely projected the necessary reforms at that time. When I was appointed



Inspector of the colony, I made, on *the official demand* of the government, all the by-laws concerning the internal regulations of the colony, which by-laws were promulgated by the Minister of Justice the 31st of December, 1852, and signed by every one of the committee of management but by their author. *Sic vos non vobis*, because superintendents in Belgium as in England, are not to be the servants of the poor, but that of committees, which sometimes have not the slightest idea of such administration.

Of course my successors in Gheel will even efface my name in its records. I may be forgotten; still I feel proud that I have done my duty. And supposing that I should be more assailed than I have been, never mind—if I have been able to soothe the lot of one insane person only, I am satisfied, and shall no more answer any criticisms. I reserve the rest of my energy for this country.

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## MODES OF DEATH PREVALENT AMONG INSANE.

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BY DR. J. C. BUCKNILL.

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If it were needful to adduce any reason for calling your attention to the peculiar manner in which a large number of our patients cease to be our patients, through the intervention of that benevolent agency, which to the helpless and the hopeless comes as the “*Tod als Freund*” of the German artist, a sufficient reason would, I think, be afforded by any effort made to tabulate the results of mortality in asylums as they are recorded in our annual reports. The character of fatal disease is no doubt much the same in our various county asylums, and yet the manner in which the results are recorded in our reports is so different as to render it impossible to make a satisfactory summary of the mortality in our asylums collectively.

I hold in my hand the obituary tables of a few asylum reports taken as they come to hand. The first is that of my

friend and neighbor, Dr. Boyd, which differs from all the others not less in the fulness of detail with which it is made up, than it does in the peculiarity of the assigned causes of death. In Dr. Boyd's report, the interpretation of pathological appearances, expressed by such terms as arachnitis, cerebritis, meningitis, myelitis, &c., takes the place of the generalizations which we meet with in other obituaries. If Dr. Boyd is right in his views respecting the inflammatory nature of general paralysis and other forms of brain-disease causing insanity, it must be admitted that his manner of describing the causes of death is accurate and scientific, and worthy to be adopted by us as a model for our obituary tables. But if, as I think, the thickened membranes and the softened substance of brain and spinal marrow which we so often find in our asylum necroscopies, cannot be shown to be the results of inflammation, and can only as yet be recognized as the results of processes of diseased nutrition, the real nature of which it remains our task to investigate; then I think it will, for the present, be better to use the generalizations of the causes of death which we find in most obituary tables. It is, however, most important that we should not use these generalizations more largely than we are compelled to do by the present state of our knowledge, and if our associate to whose obituary table we have referred, has employed a greater degree of pathological exactness than we can imitate, it is not, on the other hand, needful that we should generalize every form of death not readily accounted for by local disease under terms having such wide and indefinite application, as to be almost without meaning.

I have here the report of an able asylum physician, who in an obituary table of forty-five cases, attributes fourteen, or 30 per cent. of them, simply to "exhaustion." Here is that of another who attributes eleven out of thirty-four to the same indefinite cause. In another report I find a number of deaths attributed to "prostration," which is perhaps a synonyme for exhaustion; while in other reports the terms "gradual decay," or "general decay," appear often to be used to express the same facts; so that an examination of these obituary tables



leads to the belief that one of the largest classes of which they are made up is entered in the various reports under very different headings, and that the death of a patient under identical circumstances might in the obituary of one asylum be attributed to "cerebritis," or "myelitis," and in another simply to "disease of the brain," in another to "gradual decay," in another to "exhaustion," and in a fourth to "prostration." The fact at the bottom of all this confusion is, that the insane die largely of forms of disease which are not tabulated in any existing systems of nosology. Even when a person suffering from mental disease dies from some recognized form of bodily disease, from phthisis for instance, the most frequent form, it is found that the symptoms of the bodily disease are greatly modified, and its aspect often wonderfully changed; for insanity is not confined to the brain, and, when it is confirmed, a man becomes a lunatic to his finger ends; literally so, for scabies will often abound on an idiotic or demented patient without seeming to touch the blunted sensibility, just as phthisis often ravages the lungs of the insane without producing cough. The most ordinary diseases of the insane, therefore, require special knowledge of their peculiarities, although we have yet to endure to be told that physicians skilled in the treatment of the insane require the assistance of physicians who are not skilled in the treatment of the insane, whenever they suffer from ordinary disease. With regard to the peculiar forms of disease here referred to, from which so large a proportion of the inmates of asylums die, we find that they are for the most part different varieties of the gradual loss of power of the nervous system, more or less chronic, in their course; and to which our associates apply the terms exhaustion and decay in rather a promiscuous and undetermined manner.

In some of the obituaries both of these terms are to be found, in others only one of them; thus, in Dr. Robertson's report, fourteen patients are said to have died of exhaustion, but not one death is attributed to any form of decay; in Dr. Wing's report eleven deaths out of thirty-four are attributed to exhaustion, and one to old age, but none to decay. On the

other hand, in Mr. Hill's report, ten cases are attributed to gradual decay, and five to old age, while only four are attributed to exhaustion. And in Mr. Cleaton's report, thirteen deaths are attributed to senile decay, while only five are attributed to exhaustion after mania and melancholia. I can not, in examining the tables, find that any discrimination has been used in these terms exhaustion and decay, though probably the former is more frequently intended to designate that failure of the powers of life which rapidly supervenes upon acute symptoms, and the term decay is used to indicate the more chronic processes of degradation through which the nervous system passes in several forms of insanity. If the use of these words is to be continued, no doubt this distinction in their employment ought to be preserved; but I am strongly of opinion that one of these terms ought to be disused, and that the other ought always to be characterized so as to bear a more definite meaning. The term of which I advocate the total disuse is "exhaustion," to whose indefinite influence we have seen that in some large obituaries as many as one-third of the whole number of deaths is attributed. Now the manner in which patients suffering from acute mania, die from exhaustion, is very similar to the manner in which cases of typhus, or cases of delirium tremens die from exhaustion. There are the same influences tending to death in both these diseases, and especially so in delirium tremens; the same loss of sleep whereby the nervous system is deprived of the opportunity of rest and repair, the same deterioration of the nutrient qualities of the blood, and the same death by syncope, due for the most part to asthenia arising from exhaustion of nervous energy, but often greatly assisted by poverty of blood. The mode of death, therefore, both in acute mania and melancholia, and also in delirium tremens, and in a large number of cases of typhus, is death beginning at the heart; that is, death by syncope, the largest factor of which is asthenia. Such is the mode of death, more precisely expressed than by the vague word exhaustion. But in obituaries we do not endeavor so much to indicate the mode of death as to name the remoter cause of death, namely, the disease which leads to



the portals of the dark house. We do not say that a patient dying of delirium tremens, or of typhus, died of exhaustion, or even of asthenic syncope, but we name the disease which led to this cause of death; and in like manner I urge it upon the members of our association to recognize in their obituary tables the undoubted fact, that acute mania and acute melancholia, with persistent delirium exhausting the powers of life, with insomnia and refusal of food preventing repair, are in themselves bodily diseases as fatal as typhus or delirium tremens. Let us therefore, in assigning the cause of death, always give the name of the disease, though we may choose in addition to it, also to specify the mode of death. For example, let us say in an instance where the powers of life have been worn down by an uncontrollable course of acute mania, that the patient died of acute mania, though we may add that the mode of death was asthenic syncope; and in those acute cases where food has been refused, either from delusion or from the diseased condition of the gastric membranes, let us say that the patient died of acute mania, or acute melancholia, adding, if we think fit, that the mode of death was anæmic syncope from refusal of food.

In support of my recommendation that we should disuse this vague word "exhaustion" as a cause of death, I am glad to be able to cite the authority of the Registrar-General, who always objects to accept exhaustion as a cause of death, unless the disease which caused the exhaustion is also specified.

The term "decay," which is also so much in use in our obituary tables, cannot in many instances be replaced by any other term, because it expresses not so much the mode of death as the cause of death, in the absence of any definite disease to which death can be attributed. But while I object to the term "gradual decay" as the needless employment of an attribute, since all decay must be gradual, I wish earnestly to solicit the attention of the association to the necessity which exists of defining more accurately the various kinds of decay under which our patients succumb. The only kind of decay which is usually defined in our tables is that of old age; and although this may be taken as the type of all other forms of

decay, it will be obvious from an examination of our tables, that this term is used to indicate the form of death in a large number of persons of middle life. By fatal decay, I understand that gradual failure of all the organic functions which, without the aid of active disease, results in death which neither begins exclusively at the heart, nor yet in the brain, but is at once the result of degradation of the cerebral, spinal, and ganglionic nervous systems, of impaired assimilation and diminished nutrition; so that watching the advances of death it is difficult to say whether it invades most through the heart or the brain. The nature of senile decay, which is the simplest and typical form of decay, is by no means so well understood that we can confidently take it to illustrate the various other forms of decay to which it bears analogy. I myself think that a marked declension of the function of the nervous system throughout the body is the ultimate fact in the history of our decline in old age to which all others must be traced; for although as Dr. Symons points out in his able article on Age, in the "Encyclopædia of Anatomy and Physiology," this defection of the nervous function is partly the result of diminished force of circulation and diminished energy of assimilation and nutrition; it must be borne in mind that these latter functions are themselves dependent upon the integrity of the nervous function. In the decay of old age it may be impossible justly to apportion that which is effected by the lost energy of the nervous function, and by the declension of the functions of circulation, respiration, and secretion, through thickening of the capillary walls, or collapse of the cells. All the functions are so inter-dependent that it is impossible to say where death commences to break the circle of life; but the decay of earlier age is often directly traceable to degradation of the nervous system. Either that system is congenitally imperfect as in idiots, and prematurely refuses to discharge its functions; or through the influence of recurring disease like epilepsy, or through the shock of disease whose active processes have ceased, as that of past inflammation, the state of nutrition of the nervous system becomes altered in some manner in which we can only recognize the gross changes of



the bulk and appearance of the organs, we see the brain and spinal marrow diminished in bulk and consistence, and changed in color; and we perceive that all its functions fail. All the other organs of the body may, so far as we know, be healthy; but yet a train of symptoms commences which very closely resembles those attending the decline of life from extreme age, and these are the forms of decay which I wish to recommend our associates to specify more distinctly in their obituary tables; and I think at least we may distinguish—1, the decay of idiocy; 2, the decay of epilepsy; 3, the decay following apoplexy; 4, the decay of dementia; and 5, the decay of old age.

The decay of idiots is very remarkable. Some of these imperfect beings appear to arrive at real old age at a time when man scarcely attains maturity. They become feeble, decrepit, and all their functions decline, and thus they pass out of existence without any symptom of positive disease. In connection with this early decay of their stunted life, a very interesting fact may be mentioned, that in some idiots a premature maturity may be observed. Idiot children under nine years of age sometimes exhibit all the signs of puberty, a fact which may bear some analogy to the premature ripeness of fruit, the growth of which has been arrested by the tooth of the worm. The idiot child whose development is arrested by the inability of its defective nervous system to continue the processes of growth, undergoes those changes which in healthy children takes place when their growth ceases in the normal manner; these changes, by which the nutritive fluids are directed into new channels, are those of puberty.

The decay of epilepsy closely resembles that of idiocy, and is often combined with it. An epileptic may die in various ways; he may die from coma and asphyxia following a fit, or rather a succession of fits; he may die from syncope, after a severe fit which has so paralyzed the nervous energies that the heart ceases to beat from asthenia; and he may die from what I venture to call epileptic decay, in which the fits have no immediate influence in the causation of death. In these cases the fits, in some manner to us unknown, change the

nutrition of the whole nervous system, the functions of which decline, and the patient dies deprived of sense and sensibility, in what I venture to call the decay of epilepsy.

By the decay of apoplexy I wish to indicate those cases in which the patient, after having recovered from one or more apoplectic attacks, gradually loses first the mental, and then the other functions of the nervous centres, at a considerable period after the incursion of the disease to which these results are primarily to be attributed. Some, but by no means all of these cases have more or less local paralysis, but they are all distinguished by that gradual failure of the powers of innervation, circulation, and respiration, which characterize other forms of decay. These symptoms are also observed in no inconsiderable number of cases of chronic insanity in which profound dementia is either the primary or the secondary form of mental disease; and these deaths should, I think, be assigned to decay from chronic insanity.

With regard to the decay of old age, I have only further to observe that some care is needful to prevent cases being attributed to it which it has not caused; for it is not uncommon to see patients in extreme old age, die from an attack of mania or melancholia; and in such cases it is scarcely needful to observe that the cause of death is not the decay of old age, namely, the gradual failure of all the functions, without the interference of active disease.

I have been tempted to add to the above forms of decay that which is due to general paralysis, but as this disease, whatever its nature may be, is the actual and efficient cause of death, I think the gradual failure of all the functions by which such death is brought about, is more conveniently and properly attributed simply to the general paralysis itself. The modes of death in this disease are remarkable and instructive, making for our observation, as they do, physiological experiments as to the effect of the gradual denervation or abstraction of nervous influence upon the various functions of the organism. One of these effects I have not anywhere seen alluded to, although it produces a most remarkable mode



of death. In some cases, which indeed are rare, but which I have observed several times, the molecular death of all that we can see of the body appears almost to precede the systemic death. While the heart still regularly beats, and the lungs expand, the whole surface of the skin takes the appearance of a body so far decomposed that the cuticle peels off at the slightest touch, as if from putrefaction. There is no reason why the whole of the cuticular surface should not die while life still maintains itself for a brief period in the fortresses of the organism; but these rare cases of general paralysis are the only instances in which I have ever observed phenomena which could bear this explanation. That an amount of mischief to external parts from disease or physical injury which would be fatal to a healthy organism may be endured by an organism in which the nervous bonds of sympathy have been abolished by the pathological changes of general paralysis, is a remarkable fact, of which evidence is not wanting in the frightful mortifications which sometimes occur in general paralytics, without producing any of those secondary symptoms which would undoubtedly arise with fatal readiness if such an amount of injury were inflicted upon the soft tissues of a healthy subject. It is well known that in the lower classes of the animal kingdom in which the nervous system is little developed, an amount of mechanical injury to the limbs and soft parts which would inevitably be fatal to the higher classes, will be endured without producing much constitutional effect. Some reptiles, for instance, will bear injuries with apparent immunity, which would quickly destroy birds or mammals. Now, general paralysis, which gradually deprives a man of the benefit of a nervous system, seems to place him for a time in the position of those animals which have nervous systems of a simpler nature, and to grant him for a time their immunities from the painful, and often destructive impressions which can only be inflicted when the nervous system is in its perfect state of sensitive sympathy.

—*Journal of Mental Science, Oct. 1862.*

## HOMICIDE.—PLEA OF INSANITY.—THE REAL CASE.

The facts of this case will be remembered by many of our readers. Peter C. Real, a man of bad character, was shot in New York, last June, and fatally wounded, by a woman, who claimed to be his wife. This woman, named Mary Stewart, or, as she called herself, Mary C. Real, was indicted for the crime, and tried, in the month of October last, before the Hon. George G. Barnard, of the Supreme Court.

The defence, which was conducted by Mr. Edwin James, as senior counsel, was placed upon the ground that the accused was the wife of Real, had been grossly ill-treated by him for many years, and that in consequence of such ill treatment and neglect her mind became so unsettled and disorganized as to render her at times (while reflecting on her imagined wrongs) wholly irresponsible, or, in other words, insane, and that, in that condition, she committed the homicide. In support of his position, some evidence was given of a secret marriage between Real and the accused, and it was proved that for some years she had, from time to time, bitterly reproached him for his infidelity towards her, and exhibited extravagant grief at his conduct.

The homicide was directly provoked by a meeting at the ferry between Mrs. Real and her alleged husband, who was walking with a young lady. Some high words passed between Real and the accused on the spot, and the latter, at a second meeting on the same day, shot the former with a pistol. It was not clearly proved whether she deliberately fired the pistol, or whether she discharged it accidentally, while employing it simply as a means of threatening.

Dr. Ranney, of the New York City Insane Hospital, and Dr. Brown, of the Bloomingdale Asylum, were both examined upon the question of the alleged insanity of the accused, and gave it as their opinion that she was not insane,—an opinion which coincided with the facts as found by the jury. Judge Barnard, however, in his charge, took occasion, while discrediting the particular medical testimony offered in the case, to impugn the value, in such cases, of all medical tes-



timony. The newspapers report him to have said that "as to the medical testimony, he did not consider it material. Indeed, he never did deem it important, for you seldom find two doctors to agree, except they belong to the same school."

It causes surprise and regret that an effete prejudice should thus reappear upon the bench, after it has been banished even from the domain of general and public opinion. At the present day it is unnecessary to argue seriously as to the importance of the evidence of medical experts in regard to matters within the scope of their profession. Experience has proved, and public opinion has acknowledged, the value of such evidence. Nor is it necessary to adduce arguments in support of the assertion that the trained observation, assiduous application and long experience of those who have made the pathology of the mind their special study, gives the same relative weight to their opinion in cases of mental unsoundness, which, in cases of purely corporeal disorders or injuries, like observation and experience give to the opinion of those who have confined their studies to the pathology of the body alone. These facts are now generally admitted, and the result of the gradual removal, by the progress of knowledge, of the barriers which ignorance and common prejudice formerly opposed to a proper estimation of medical testimony, has been the introduction of more salutary and more rational rules in regard to several of the most important topics of the law.

We need not go beyond the case before us to find an illustration of the superiority of a physician's testimony upon a matter of medical science to the statements of one of a different profession upon the same point. Judge Barnard charges the jury that little weight is to be given to the testimony of Drs. Ranney and Brown, and proceeds to expound the subject of insanity as applicable to the case in question, in his own way. If, however, disagreement in opinion is the objection urged against the value of medical testimony, it is difficult to perceive how the objection has been removed by the substitution of statements which would command the assent of few lawyers and no physicians. If his Honor assumes to "decide when doctors disagree," the decision itself should surely be

as free from objections as the opinions it is intended to supersede.

In order that our readers may estimate for themselves the relative worth of the opinions to which we refer, we quote some extracts from each. Dr. Ranney said :

“ Have had charge of the insane for several years past ; am Resident Physician of the City Insane Asylum ; have been there nearly sixteen years ; have had under my control during the whole time over six thousand patients ; there are two divisions of homicidal mania ; one where the homicidal propensity is occupied by delusion, the other where there is no appearance of delusion, but where the homicidal act seems to be the result of an irresistible impulse ; the characteristics appertaining to the second division are determined by physical and mental signs, and circumstances under which the act is committed ; the propensity to kill in this case is indiscriminate ; the person makes no selections ; he confesses the homicide, and attributes the act to some uncontrollable impulse ; the physical and mental signs that precede the act are usually a change in the conduct of the party—febrile symptoms, headache, and general disturbance of the system. [The District Attorney here put to the witness a hypothetical case, similar to the one under consideration—narrating all the circumstances preceding the homicide—and asked him whether, in such a case, the person committing the homicide was in his opinion insane. Mr. James objected to the form of the question. The objection was overruled by the Court, and exception was taken by the defence.] The witness answered that from the facts presented in that hypothetical case, he would not form the opinion that the party was insane.”

The following was offered as an improvement to the above by Judge Barnard :

“ There are two kinds of insanity : a permanent, total and *visible* one, discoverable by acts, looks, manner and conversation ; and an impulsive one—one that renders a person wholly irresponsible for every act—*termed lunacy* ; and the other, insane on particular subjects and not always *visible* unless when occasion offers, like pyromania, kleptomania, &c.

\* \* \* \* \*

“ In homicidal insanity, murder is committed without any motive whatever, strictly deserving the name ; or at most with one totally inadequate to produce the act in a sane mind. On



the other hand, murder is never criminally committed without some motive adequate to the purpose in the mind that is actuated by it, and with reference to the victim."

The italics in the above extract are our own and further comment is perhaps unnecessary. The distinctions proposed between visible and invisible insanity, and the definition of "lunacy," have the merit of novelty and originality if they are without that of accuracy. Upon the whole, we cannot but doubt whether the jury received more aid from the Judge's charge, in forming an intelligent opinion upon the sanity of the prisoner, than they did from the medical testimony so summarily condemned.

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1. *Twenty-Sixth Annual Report of the Officers of the Vermont Asylum for the Insane.* For the year ending July 31, 1862.
2. *Report of the Board of Trustees of the Massachusetts General Hospital.* For the year 1861.
3. *Thirty-Eighth Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* For the year ending March 31, 1862.
4. *Fourth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, N. S.* For the year 1861.
5. *Report of the Malden Lunatic Asylum, Canada West.* For the year 1861.

1. In our last notice of the Vermont Asylum, we referred to an enlargement of its accommodations for patients by the addition of another story to the wings. Of this improvement, then nearly completed, Dr. Rockwell writes :

“In reviewing the events of the past year, it is gratifying to know it has been one of great prosperity. A greater number have enjoyed its benefits, and the completion of our buildings furnishes greater accommodations and facilities for recovery than we have before enjoyed.”

“The enlargement of our buildings has been finished, and we are now enjoying the benefits of this great improvement. Nearly one hundred rooms have been added, which has relieved us of our former crowded condition, and has given us so many excellent apartments for the accommodation of the inmates. The means of classification have also been increased, thereby affording us additional facilities for the restoration of the patients.”

It is to be hoped that with this enlarged capacity of the Asylum, the destruction of a part of the buildings by fire, an account of which has just reached us through the newspapers—may not seriously interfere with its usefulness.

The general statistics for the year are as follows: Admitted, 146; discharged, 121; remaining, 463. Of the number discharged, 47 were recovered, 15 improved, 17 unimproved, and 42 died.

2. The present is the forty-fourth annual report of the McLean Asylum to the Trustees of the Massachusetts General Hospital.

Dr. Tyler's remarks upon the general subject of mental disease are deeply imbued with the patriotic feeling which still overflows from every channel of public sentiment and interest in New England. In reference to the effect of the war upon the insane, Dr. T. says:

“There has been, as yet, but little excitement here growing out of the war. Since the bombardment of Fort Sumpter, which set the whole North in a fervid glow, and the disastrous flight from Bull Run, which filled all with chagrin and temporary apprehension, nothing which can be fairly called excitement has been felt. We have had a healthy confidence in our real strength and resources, and a steady faith in a final favorable result. Nothing, certainly, so positively successful has yet been achieved, as to dangerously exhilarate the public mind; nor, on the other hand, have there been reverses or blunders so serious as to produce a lasting or serious depression. Individual cases of great sorrow and suffering have,



without doubt, occurred. By the misadventures of Bull Run and Ball's Bluff, many a heart at home was made forever desolate; but these are the exceptions, and bear a smaller proportion to the real gain and comfort of the many than do the ordinary ills and accidents of common times. Our army has been recruited, not only without difficulty, but to a redundancy. The "going to war" has been regarded not as a hardship, but rather as an adventure and almost a pastime, and the psychological effect, therefore, upon both those who have gone and the friends who are left behind, is widely different from the cruel apprehensions and terrible heart-breaking realities of a conscription.

"Again, six hundred thousand men have, by the rigid rules of military necessity, learned *to obey*,—a wholesome lesson, and which leads more directly than any other to the all important end of *self-control*. These men have left home and the restricted circle of home labors, influences, and associates, for novel duties and new scenes, and for the friction with other minds trained under the greatest variety of circumstances. Experiences are interchanged; information of persons, places, and things is gained; opinions concerning government, religion, trade, and labor are discussed; prejudices are softened, and views expanded and liberalized. All this, with the regular life, plain diet, and compelled cleanliness of the camp, is favorable to vigorous mental health. Whatever improves the physical condition of the community, tends to improve its mental health. So the enforced regimen of the camp and the voluntary drilling by everybody else, securing abundant muscular exercise and mental relaxation in the open air, strongly tends to prevent those physical disorders which arise from too close an attention to business within doors, and from over-eating and drinking, and which are in most cases the stepping stones to mental derangement. The correspondence between those in camp, and the answering ones at home, is an incidental result of this war by no means insignificant in the way of salutary mental discipline, exercised, as almost by necessity it must be in this case, in a great part, upon serious and important subjects. The new ideas awakened are arranged and expressed upon paper with a growing facility and pleasure, by many to whom the writing of a letter had always been a mountain of toil. The events of the day are calculated to excite in all, a pure and fervent love of country—of the *whole* country—the Union, than which, next to the love of Heaven and virtue, a purer and more healthy emotion does not exist. This war has checked extravagance, and led to the wholesome

virtues of economy and self-denial. It has substituted almost universally for the ordinary frivolities of conversation, topics of unfailing and substantial interest; for reveries and day-dreams, subjects for earnest and sober thought, and often for selfish aims and anxieties, so contracting and unhealthy in their influence, expansive sentiments of care and thoughtfulness for others. The appeal so irresistibly made by the Sanitary Commission, has taught many fingers to knit, which might otherwise have never known the art or have been uselessly employed, and has caused many to realize for the first time, the fact that "it is more blessed to give than to receive."

"The reverse of many of the foregoing statements, or of the deductions which may be fairly made from them, must be true in the seceded States, and to some extent among the inhabitants of the region of actual or constantly expected hostilities; but in so far as the people of New England, and probably of all the States at a distance from the seat of war are concerned, we can find nothing in the history of the year which should necessarily cause an increase of insanity; but, on the contrary, we recognize many decided preventives thereof, and proofs that so far, the influence of the war has, on the whole, been favorable to mental health."

The general results for the year are: Admitted, 111; discharged, 110; remaining, 188. Discharged recovered, 54; improved, 22; unimproved, 11; died, 23.

3. We gather from the history of the Hartford Retreat for the past year, the following statistics: Admitted, 171; discharged, 176; remaining, 221. Of those discharged, 71 were recovered, 60 improved, 26 unimproved, and 17 died.

The following reflections of Dr. Butler, suggested as they are by a long and rich experience in the treatment of mental disease, are of interest:

"Every year of experience in the management of any large Lunatic Asylum, where every day brings a change of one or more of its inmates, either by admission or discharge, must give in the retrospect a varied picture of light and shade, reflected from the constant succession of scenes which it presents, and colored by the varied emotions which these changing scenes call out.

"We have seen the case of apparently light moment, where the prominent symptoms seemed to indicate but little danger



and a speedy recovery, unexpectedly resist all means of treatment, assume, day by day, a graver aspect, and result either in protracted suffering, in the extinction of life, or what is worse, of hope.

“On the other hand, we look back on many severe cases, where the grasp of disease seemed to defy the power of any friendly hand, where long protracted morbid action had apparently hopelessly perverted the natural current of the mind, and where the ravings of mania threatened to destroy the delicate framework of body, and of mind. We follow these cases in their progress, and as we watch the effects of the various remedial agents we are enabled to employ, we see the dark and troubled night giving way to the gray dawn of the morning, and this followed by the calm clear light of day, and find in the end many a home made happy by these blessed influences.

“Among our seventy-one recoveries we find much to cheer and comfort us, and we look back upon the past year as giving us abundant causes of thankfulness. We enter upon the duties of another year with good hope, and trust, though we see no reason to expect any diminution of our numbers, or any relief from that pressure upon the Retreat for the admission of patients, which has not only kept the house full for many months past, but has often crowded it beyond its capacity for suitable accommodation.

“We well know from long experience the cares and anxieties, the doubts and fears, which must be daily, and often the hourly lot of all who assume such responsibilities. We go forward therefore, strong only in the honest endeavor, and in the earnest asking of Him who giveth liberally, for that grace, and strength and wisdom, through which alone we can succeed, recognizing in all our obligations that second great commandment of the law, ‘to do unto others as you would that others should do unto you.’”

We have before referred to the numerous and large benefactions made to the Retreat, from time to time. Of these, and of the manner in which they have been applied, a full account is given in a report to the Trustees by a Committee on Improvements. After stating in detail some extensive operations in grading, draining, and ornamenting the grounds, a description of the new museum building is given as follows :

“The plan for the Museum was drawn by Mr. Vanx. It is in the form of a double octagon ; the greatest length of the

room is 47 feet; the greatest width 30 feet; its height is 12 feet. The floor is laid with alternate strips, each three inches in width, of black walnut and southern pine. The sides of the room are ceiled with narrow strips of chestnut; the window casings are deep, and made of black walnut; handsome black walnut cases are arranged against the sides of the room to contain objects of curiosity. No paint is used in the room, the wood-work being simply varnished. The sides of the room are ornamented with a choice collection of engravings, and a beautiful billiard-table, the gift of A. S. Beckwith, Esq., occupies the centre. Some additional expense was incurred by the excavation of a cellar, which, besides making the room dryer and warmer, furnished ample space for a furnace for heating the building.

“We are greatly indebted to the skill of Mr. Vaux for the plan, &c., of this very beautiful room; it is in excellent taste and admirably adapted to its intended purpose. Every window commands a beautiful view, not only of our grounds, but of the city or distant hills. It cannot but afford our convalescent patients a most welcome retreat, especially in inclement weather, from those inconveniences and annoyances which must, more or less, inevitably meet *such* patients in the ordinary day-rooms of an institution. The want of such a room has been long and keenly felt, and to a certain extent no one of our improvements will exert a more cheering and consoling influence. There is a natural tendency in the mind of most convalescents to be more inclined to “look back painfully into the past,” than to go forward to “meet the future without fear, and with a manly heart,” and this tendency cannot be lessened by the detention, from stormy weather, &c., within rooms full of sad recollections and painful associations. The new room will give all such a bright and invigorating change, and will, we are sure, prove a means of treatment of no small power. A bowling-alley, intended exclusively for the use of our female patients, has been built in the rear of the south wing. It was placed so as to form part of the western boundary of the proposed extension of the airing court or yard. It contains a room twenty feet square at one end, and two alleys of fifty feet each, instead of one, as was originally estimated, built upon a deadened floor, over standards of brick, to lessen the noise of the balls. The sides of the alley are ceiled with narrow strips of yellow (or southern) pine, and varnished. The alley, handsomely furnished and finished, presents a very pleasant and cheerful appearance, and is naturally popular and useful.



“The cost of the museum was \$2,675 67. That of the bowling-alley was \$1,652 15.”

4. Dr. De Wolf reports a further step toward the completion of the hospital at Halifax. The portion of the south wing of the building, designed to contain the wards for excited male patients, was first occupied in May, 1861. Of this part Dr. De Wolf says :

“The new wing is only two stories in height, and completes the south half of the building. The apartments designed for the most violent patients, are so constructed as to be secure from injury, and yet are finished, to all appearance, like ordinary rooms. They differ chiefly from the other single dormitories in being larger in size, and in having a side light near the door, for the double purpose of ventilation and inspection. This unglazed window, with an ornamental iron facing, is provided with a sliding oak shutter.

“To Dr. Tyler, formerly of Concord, N. H., now Superintendent of the McLean Asylum, Boston, Mass., we are indebted for valuable practical hints regarding these rooms.

“Dr. H. H. Stabb, Superintendent of the Newfoundland Asylum, kindly furnished us with a pattern iron window sash, and for the apartments named these are admirably adapted. They are built into the brick work ; the upper half is double, the glazed portion of the sash being hinged at the top, and opening outwards. A strong wire guard, of ornamental pattern, protects the glass from injury. A sliding shutter of boiler plate is concealed in the wall, and is controlled by a key in the corridor.

“These rooms have oak doors of double thickness, which, being painted to correspond with the other wood work, have all the appearance of ordinary dwelling-house doors. Instead of bolts, we have extra locks, to be used when required. By these means, without anything of a prison aspect, we have the security desirable for certain cases, fortunately very limited in number.

“The other arrangements of the south wing are deserving of notice.

“The flooring is of pitch pine from Florida, of narrow width, grooved and tongued, and secret nailed. All the floors are deafened.

“The windows (except in the rooms already alluded to) have cast-iron sash bars, in an outer sash of oak. These rise and fall about five inches, the upper and lower sashes balancing

each other. The squares of glass are six inches by eighteen, and throughout the lower hall are protected by ornamental window guards of heavy wire-work. The window jambs are splayed and rounded off, the plastering finishing into a groove in the sash frame. The door jambs are finished to correspond. By this a large amount of wood-work and painting is saved, while the appearance of the halls is greatly improved.

“A space is left between the external walls and the plastering, preventing the absorption of moisture, so troublesome in the sections of the Hospital first built. Instead of ordinary plastering, the walls are finished with cement, so that the most mischievous patients find it impracticable to make any impression.

“The dining-rooms are large and centrally situated. Each has its china closet and dumb waiter.

“A drying closet is provided on each story. Hose are kept in readiness in each ward in the event of fire.

“The bath tubs are of cast iron, painted, and are supplied at the bottom. Hot and cold water, for bathing purposes, is always available. The water closets are flushed by opening the door.

“The heating is by steam, and in every way satisfactory. Our standard of temperature is 63°. The coils of steam pipe give off their heat in a large chamber immediately under the corridors. A flue from this chamber leads to every room, and opens about fifteen inches from the floor. Each room has also its ventilating flue near the ceiling leading to the attic, where an Emerson's ventilator, three feet in diameter, is always open.

“The ventilating fan will eventually be connected with these distant chambers, so as to enable us to regulate the admission of air as may be required.

“The halls are lighted with gas made on the premises from Cannel coal.

“The furniture is neat and very strong. Wooden bedsteads alone are used, being far cheaper than iron—stronger, if anything, and of much better appearance, while they are no more liable to vermin. The settees, corresponding in design with the bedsteads, are very heavy, and divided into compartments, so that they cannot be used as lounges, nor can the patients crowd each other.

“In the lower hall all the furniture is of birch, painted imitation oak; in the upper, imitation walnut.

“One division of each hall has rooms on one side only, forming the pleasantest corridors in the building.”



The statistics for the year are : Admitted, 60 ; discharged, 38 ; remaining, 117. Of the number discharged, 20 were recovered, 8 improved, and 10 died.

5. The report of the Malden Asylum is the first of its history as an independent institution. In September, 1861, its connection with the Parent Asylum at Toronto was severed, and Dr. Fisher confirmed in his position as its responsible head.

The Asylum is located at Fort Malden, on the Detroit river, and the site is stated to be pleasant and salubrious. Much remains yet to be accomplished in the improvement of the building and grounds of the new institution, but this labor has been entered upon with creditable zeal. Already the Board have ordered the erection of a residence for the Superintendent, a new building for a laundry and bakery, and many desirable changes in the officer's quarters.

The number of patients remaining at the end of the year was 206. From the recent opening of the Asylum, and the transfer of many patients from the Toronto institution, further statistics are not given.

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HEREDITARY TRANSMISSION.—The transactions of the Rhode Island Medical Society for 1862 contain, among other communications, "An Address on Hereditary Transmission, by B. Lincoln Ray, M. D." This is a carefully written and concise digest of the views of medical writers on the subject, with personal observations from his experience as assistant physician of the Butler Hospital for the Insane. Dr. Ray is the only son of the distinguished superintendent of that institution. His thorough familiarity with his subject, his ease of diction and grace of style show him to be a veritable "chip of the old block," and a proof of the doctrine of hereditary transmission. The address occupies seventeen pages of the transactions. We quote a few paragraphs. He defines the laws of heredity thus :

"Before stating more minutely the facts of hereditary transmission, we must state the great principles by which it is regulated and restricted. Two great powers or laws of nature

coöperate in the propagation of a species. One of these laws produces difference, diversity, individuality, in short. It is the law by whose wonderful power no two beings in the higher orders of animal and vegetable life are precisely alike. It has, however, no power to change species; no power, either suddenly or gradually, to overthrow the immutable barriers which divide each species from every other. Within these barriers its dominion is great but not absolute.

“The other great law produces similarity, likeness, uniformity. It may be said to have two kingdoms, or fields of action, first, the species, in which it is supreme and only ruler; second, the individual in which it shares its sovereignty with the first-named law. For convenience, we will name these laws: First, the Law of Diversity; second, the Law of Uniformity or Heritage. We hold that the law which we ordinarily designate that of hereditary transmission is identical with the great law which preserves the immutability of species. The difference is in the scope, not in the nature of the law. In its first field of action it transmits, inevitably, specific traits; in its second it transmits, not inevitably, individual traits.”

His conclusions are as follows :

“The practical conclusions drawn from the facts and principles presented, may be stated generally as follows: First, from healthy and unconsanguineous ancestors proceeds a posterity of which a *very large proportion* are born perfect, sound, and with tendencies towards healthy development and healthy procreation; second, from unhealthy or consanguineous ancestors proceed a posterity of which a *very much less proportion* are born perfect, sound, with tendencies towards healthy development and procreation. Or, to make the correlative statement: Healthy and unrelated ancestors produce a posterity of which but a *very small proportion* are imperfect or unsound; while unhealthy or related ancestors produce a posterity of which a *very much larger proportion* are imperfect or unsound.

“From the statements just made, there arise certain moral questions regarding marriage; questions whose practical answers have important bearings on society. These questions, varying for particular cases, we may put generally in this form: Is marriage right and proper between parties congenitally deformed, related by blood, enfeebled by chronic disease or excess, or inheriting tendencies to disease known to be frequently transmitted? We cannot doubt that the general answer to this general question, by all physicians and the



great majority of a civilized people, would be in the negative. That small class of persons represented by the conscientious objectors to the use of anesthetics in relieving the pangs of child-birth, might give a different answer. Most of us, in these days, while recognizing the fact that evils, moral and physical, individual and social, are allowed by the Almighty to exist, deem this no reason for folding our hands and letting them alone. Neither do we think it wrong to strive, with what power we have, to prevent them.

“It is, however, much easier to win theoretical assent to general principles, than to obtain their practical application in life. It seems hard and cruel that true affection should be blighted, because of its possible evil effects on a posterity yet unborn. It seems hard to ask the amiable invalid to reject the life-long devotion of the ardent lover. When the unhappy heiress of strong predisposition to insanity is wooed by one who fondly fancies that his love can shield and guard her so securely, against care and sorrow and excitement, that the dreaded fate can never reach her,—how hard it is to discourage such generosity! How hard to dash away the sparkling cup of happiness because of the fatal dregs that lurk unnoticed at the bottom!

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## S U M M A R Y .

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DEATH OF DR. CARL WILHELM IDELER.—The *Allgemeine Zeitschrift für Psychiatrie*, Vol. 19, part 3d, contains an obituary notice, by Dr. Laehr, of Dr. C. W. Ideler. Dr. Ideler was one of the most distinguished writers on Medical Psychology in Germany, and was born in Bendwisch, a small village of West Priegnitz, in 1795, and manifested very early a great love for the natural sciences. He received his primary education at the Berlin Gymnasium, and studied medicine at the Frederick-William Institute. He obtained the degree of Doctor of Medicine in 1820, upon the production of his treatise, entitled “*De Principio Nervorum Activo Imponderabilé.*” Aside from his great work on Diatetics, which is considered unsurpassed by any treatise on the subject extant, he wrote much upon medicinal psychology. The following are his chief works on this branch of science: “Principles of Mental Medicine,” Berlin, 1835-8; “Religious Insanity,” with

illustrative cases, "Insanity in its Physiological and Social Relations," "Essay on the Theory of Religious Insanity," "Judicial Psychology," and lastly, in 1857, a "Manual of Judicial Psychology." As Professor in the University, since 1840, he lectured during the summer on Diatetics, and in the winter on Mental Medicine and Anthropology. The pages of the "Journal of the Charity Hospital," and the "*Allgemeine Zeitschrift*," have also been enriched by numerous contributions of standard excellence, mostly of a psychological character.

It is sad to observe how the last years of this able writer were embittered by one of the most painful of the many forms of nervous disease he had labored so long and so ably to elucidate. A growing distrust of his mental powers settled down upon him, impairing his intellectual elasticity to such an extent, that, while engaged on his last work, he seemed to have lost completely that love for intellectual labor, which had probably served to bring about the condition from which he suffered. Disturbances of the functions of digestion were followed by a condition of profound hypochondria, attended by sleeplessness and a distressing train of nervous symptoms, convulsive movements of the upper and lower extremities, &c. Lastly, asthmatic difficulties and congestion of the brain, terminated his laborious and useful life on the 29th of July last. In the death of Dr. Ideler, psychological science has lost one of its brightest ornaments.

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THE PARISH WILL CASE.—CORRECTION.—In our review of the Parish Will Case, in the October number of THE JOURNAL, we inadvertently made an erroneous statement. It is there said that the decree of the Surrogate, admitting the first codicil to probate, and rejecting the second and third, "was affirmed" by the Supreme Court, and that the Court of Appeals "sustained that decision." We should have been a little more explicit. It will, of course, be seen that the final decision would have been conclusive against the first codicil, as well as the second and third, had the validity of that codicil been before the court. The Supreme Court was of opinion that the first codicil was void, but, as the parties appealing from that part of the Surrogate's decree had no interest in the question, they submitted to a dismissal of their appeal. That codicil affected real estate only, and consequently the residuary legatees did not appeal at all from the Surrogate's decision, but are now taking the appropriate steps to obtain



the statutory relief in such cases provided. For these reasons the question in regard to the first codicil was not before the Court of Appeals, although practically settled by their decision.

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DIXMONT HOSPITAL FOR THE INSANE.—This new Hospital, near Pittsburg, Penn., was inaugurated with appropriate ceremonies on the 11th of November last. We copy the following from a local newspaper :

“Dixmont Hospital for the insane, is situated upon a hill above Killbuck Station, about eight miles from the city, on the line of the Pittsburg, Fort Wayne and Chicago Railway. The site was selected after much care and examination by that philanthropic lady, Miss Dix, and receives its name, Dixmont, from her.

“The hospital proper consists of a central building, sixty-one feet front by one hundred and thirty feet deep, and four stories in height, arranged for the use of the officers, visitors, culinary departments, and with a chapel forty-seven feet by fifty feet, store rooms, &c. On each side of this central building extend wings one hundred and four feet front, by thirty-eight feet deep, and three stories in height, arranged with halls and dormitories for the use of the patients, each wing furnishing, with a building at the end, forty-five feet front by fifty-five feet deep, and four stories in height, parlors, dining rooms, &c., for the use of the patients.

“The building is divided into six wards, three on each wing, of eighteen sleeping rooms for the patients, and a nurse room. On the right of the main building is the apartment for the males, and on the left for the females. Every ward has two alcoves, one to be used as a sitting room, and the other to contain a bagatelle table, roulette, or something else, for the amusement of the inmates. Near the end of each ward, to one side, is a dining room, in which there is a steam table on which the victuals are kept warm, and adjoining it is the pantry. Adjoining the dining room is a bath and drying room and water closet. On the opposite side is the parlor, in which the inmates are permitted to congregate and talk together, or receive their visitors. Along the corridor are dumb waiters for bringing the victuals to each ward, a foul clothes chute for passing the dirty clothes of the inmates to the lower story, and a dust chute, into which all dust is swept. In the nurse's rooms are speaking trumpets leading to the lower story, through which all inquiries are answered, and all wants made known.

“In the rear of the third story of the main building is the chapel, which is neatly arranged, and designed for the convenience of the inmates of the institution.

“On the first floor of the main building are situated the offices, parlors, bath-rooms, store-rooms, wherein are erected a separate apartment for each patient's clothing, which is numbered to correspond with his entrance to the institution, officers' dining-room, Superintendent's kitchen, and the kitchen for the inmates.

“In the basement will be erected, in a few days a railway for the purpose of conveying in the car the victuals from the kitchen to the dumb waiters, to be taken by them to the several wards of the building. The car is the invention of one of the inmates of the Insane Asylum at Philadelphia, and it is said it will turn a square curve without disarranging any of the dishes placed in it.

“A ten-pin alley will also be constructed in the basement, for the amusement of the inmates.

“The whole buildings are erected with brick walls, iron covered roofs and stairways of stone, and with a view to future extension of wings to accommodate, in all three hundred patients.

“The hospital is entirely heated by steam pipes placed in the cellar, of which there are now 26,000 feet placed and ready to give ample heat, with all other requisite supplies of hot and cold water to kitchens and bath-rooms.

“Detached from the main building is a building for the laundry, bakery and boiler rooms, forty-five feet by fifty-five feet, and two stories in height, built of stone and covered with iron, on which are placed two cornish boilers, six feet in diameter and twenty feet long, and a plain boiler, three feet in diameter, by twenty feet long, for summer use, with two steam engines, one connected with a fan, twelve feet in diameter, to supply fresh air to the main building, and the other being used to drive two shaker washing machines, one wringer and a mangle, which are placed in the laundry or second story, and where is also a steam drying closet.

“Another building, erected of stone, and covered with iron, contains a boiler and two steam pumps, to draw water from the river and send it to the hill, two hundred and twenty-two feet from the river, and about one hundred feet above the main buildings. It is capable of containing one hundred and forty-four thousand gallons, sending water over all parts of the whole buildings, with a powerful head. Another building, thirty feet by sixty feet, and three stories high, built of stone and covered with iron, is now being



finished to hold a gas apparatus, capable of supplying five thousand feet daily, and the gas pipes are laid throughout the buildings ready for use."

Dr. Joseph A. Reed is the Superintendent and Physician.

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LECTURES ON INSANITY.—Dr. John E. Tyler, the Medical Superintendent of the McLean Asylum, repeats, this winter, to the Medical Class of Harvard University, the familiar course of instruction and lectures on Insanity, which he delivered a year ago in that Institution, at the request of Prof. Shattuck. We trust this recognition of the claims of psychological medicine by the ancient University of Harvard, will be initiatory of a permanent professorship in this department of our science.

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FIRE AT THE VERMONT ASYLUM.—A fire broke out in the male wing contiguous to the centre building, at 2 o'clock A. M., on the 21st of December last. The weather was severely cold, accompanied by a high North wind. The fire made such rapid progress that the centre building and the male department connected with it, were destroyed. The whole building devoted to the female patients, and the large Marsh buildings, were uninjured. By appropriating the Marsh buildings, which were only partially occupied, previously and the female infirmary, for the males, they were made quite comfortable, until a portion of them could be removed by their friends. During the removal of the patients from one building to another, at the time of the fire, a considerable number escaped. All have been returned but four, and two of these have been heard from. It is not known that any one has been destroyed by the fire. Measures are taken to rebuild as soon as possible.

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RESIGNATION OF DR. BUCKNILL.—At a special general meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, (Great Britain,) convened the 17th of September, Dr. J. C. Bucknill, having been appointed by the Lord Chancellor, to the office of Visitor to the Chancery Lunatics, resigned the editorship of the *Journal of Mental Science*, which he had so ably conducted for nine years.

Dr. C. Lockhart Robertson, M. S. Co. Asy., Sussex (Hayward's Heath,) and late General Secretary to the Association, was nominated as the successor to Dr. Bucknill, and unanimously elected. He will be assisted in his editorial labors by Dr. Henry Mandsley.

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## GENERAL MENTAL THERAPEUTICS.

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BY J. PARIGOT, M. D., HASTINGS-UPON-HUDSON, N. Y.

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It is not our purpose, in this paper, to inquire to what extent medical practice has been unfavorably influenced by vulgar prejudices, superstitious beliefs, or the fashions of the times. These influences accomplished their natural cycle, and left our science unshaken. False theories failed to stop her progress towards the truth. After a time, medical history by the bulk of its engrossed evidence, sweeps into oblivion what some had imagined to be a part of the philosopher's stone.

Nothing can be more curious than the history of those *secret remedies*, which, in their day, acquired universal reputation. From their success we might, perhaps, infer that the study of general therapeutics involves the profound knowledge of man as a moral and sensitive being. In ancient times, and before Quacksalvers had discovered the economic law of *wholesale advertising*, the reputation possessed by these secret remedies must be ascribed to superstition or to special and extraordinary influences, dependent upon the credulous disposition of patients, or the dazzling and presumptuous qualities and achievements of the inventors. At all events, it is an indisputable fact, that many of the remedies which positively cured while the personal influence of the celebrated impostors lasted,



on their death lost all efficacy ; or in other instances, the virtue of a reputed pharmaceutical preparation ceased, when the novelty of the remedy was superseded by the rising of some other arcanum. Even in our day, there is not a disease that has not a hundred infallible specifics. Some churches have special saints, shrines and holy wells for the moral and bodily necessities of their devotees, and enormous quantities of wax are yearly consumed before statues and holy images. But, it may be asked, have not many of these superstitions and beliefs proved effective in their ultimate action on mind and body ? In a recent paper we remarked, that inward volition, strongly directed to any part of the body, when accompanied by a fervent and conscientious expectation of some effect to happen, was quite sufficient to modify the nutrition and physiological functions of such part. On this principle many facts may be explained. As to secret remedies, no one will presume that they now possess the virtues for which they were once renowned. In instance of this, a few cases may be cited, which have fallen under the writer's observation :

A gentleman in Brussels, of independent fortune and position, invented a pomade, which, he asserted, had the property of *curing* the military ophthalmia\*, then a scourge in the Belgian and Dutch armies. The salve was called after the inventor's name, *Lubin's Pomatum*. The Belgian Legislature, considering the disastrous effects of a disease which baffled the best medical skill, did not hesitate, in spite of the existing laws on medical practice, to appoint a committee to inquire into the reality of the cures extolled as being, in every instance, the successful result of the application of the salve. The committee, composed of the best army surgeons, physicians in civil life, and also of the partizans of *Lubin*, reported that the remedy had been successful in certain chronic and almost incurable cases, but had proved pernicious in those of recent date and milder character. After the death of our gentleman, and although he had authentically left his *secret* to his successor in ophthalmology, there was an end of the cures, and the salve was abandoned.

\*It reigned epidemically in 1830, and several years subsequently.

A simple and vulgar peasant, whose name was Drièsken, represented himself as possessing the power to cure all nervous and muscular diseases by *simply* pinching his credulous patients. From this practice he was called *Drièsken-nipper*. The singularity of this new mode of treatment, at once attracted public notice, and a great number of simpletons of high and low rank in life, flocked to the impostor, to obtain relief through this so-called supernatural agency; and, although multitudes went away as lame and paralytic as ever, still some were benefited by the excitement and the hope they had entertained of recovery. A few real cures were sufficient to make the fortune of Drièsken. What caused the Nipper's death was not ascertained; perhaps he was not strong enough to bear his success. Several Drièskens tried the same trick after the death of the real one, but without success.

Leaving street mountebanks and pill-mongers, let us now examine from a psychological point of view, certain medical theories and practices; for instance, Homeopathy. There, again, we find a special class of persons, whose enthusiastic expectation of marvellous effects, disposes them to curative processes. Generally, they are nervous subjects, ready to believe in fantastic theories—theories which really seem to have been made incomprehensible that they might thereby be more sacred to their adherents. In this practice, the medicine, to be efficacious, must have the patient as an accomplice in the *trick*. Really, however, cannot some more euphonious term be employed, where the aim has been good and the result favorable? This question of medical ethics was long ago settled, and the aforesaid means condemned by a profession which must be free from deceit, especially where danger exists. Certainly, the great art in medicine is to assist in sustaining life by inspiring the patient with the hope of recovery, while active treatment is being employed. The homeopathist observes his patient with great care, intelligence and cunning, and takes hold of his confidence by all possible means. He tells him that the old Hippocratic medicine is a barbarous method not at the height of our civilization, whereas, on the contrary, he, (the homeopathist), by the most recent discov-



eries, and by his profound studies, has the certitude of the very unique remedy that corresponds to the disease to destroy it. He directs the feelings and sensations of his patients, animated by this belief, by curious negations, calculated to strike the mind and give a suggested direction to the thought. Besides, his remedies have no repugnant taste, (this is not always the case with ours, and ought to be considered, especially by the psychopathist), the patient is pleased, the prospect of a possible or speedy cure is held out to him, and time is gained, (in acute diseases this is important.) In this method, the diplomacy consists in soothing the moral nature, and in parleying with the enemy, first by tasteless dilutions, and finally, by hygienic prescriptions. In fine, nature is offered, if she pleases to avail herself of it, an opportunity to depart from a course which leads her to destruction. Why should we not employ these legitimate paraphernalia with a better and surer treatment? Some heterodox practitioners of Hahneman's school are not satisfied with his infinitesimal pharmacopœia, and employ substitutive agents or strong alkaloids in diminutive doses, so as not to compromise too much their doctrines; but here even, the precepts of moral influence are always employed. Now, on the other hand, some incurable patients are thrown into despair by their physicians, who, having vainly exhausted chemistry and pharmacy, ignore two great necessities of our nature, namely, trust in God and the comfort of the mind, the former of which teaches us our destiny, which surpasses nature, while the latter slowly instils the confidence which springs from *hope*. How many thousand unfortunate sufferers deprived of this hope by inattentive physicians, would not gladly call in the first quacksalver, provided he offered that precious balm for the heart! All these facts warrant us in believing that man is more subject to moral than to material influences, and that he is abstractively more a moral than a material being. I have seen some homeopathists of reputation in Europe, who also practiced mesmerism. After having bewildered the sensations, they attacked the mental faculties of hysterical ladies, or highly nervous or imaginative gentlemen, and during an induced

half-conscious state, suggested all sorts of erroneous impressions, illusions and nonsense, and yet these men were considered as heroes of an incommensurable science. It is easy to perceive why homeopathy is in such close connection with mesmerism, spiritualism, and even with such social theories as Fourierism, and so on. The special European public, and I may add American, who believe in such schemes, partake largely of a disposition to go beyond the limits of reason. They have *aspirations for the sublime*, but no real love for truth, or sufficient philosophical modesty and religious feeling to investigate wild theories springing only out of our mental infirmities. The consequences speak for themselves. Some of these illuminated savans and believers, if they go a little further in their speculations, step unawares from *unreason* into positive lunacy.

From all such facts, we return to our point, which was to demonstrate to the psychopathist the advantage of addressing himself in mental therapeutics to our double nature, moral and physical, and to show at the same time, the quality of the moral means necessary to be employed, so that in the event of success or failure, he should remain true to the sanctity of his aim. Furthermore, we shall find occasion to rebuke the needless infliction of pain or restraint to the insane.

In this paper and some following ones, we propose to study mental therapeutics,—first, in respect to the moral, physiological and physical conditions of insanity in its first stage; secondly, to review different methods of cure and the therapeutic effects of medicine and electricity; and thirdly, to report some cases in which both moral and physical means were employed with success.

Avoiding intentionally, as belonging rather to special therapeutics, the consideration of the various causes of insanity, its two separate orders of symptoms with their mode of production and succession, and the lesions of tissue accompanying them, let us now consider the initial influences which must decide the future condition of an insane person. And first, as to the course pursued by his friends and family physician.

Certainly, of all the sufferings of humanity none can be



compared to the loss of reason. But the very ruin of what once gave power and nobility to the thought falls more heavily; in general, upon those who have loved and respected the sufferer, and they appreciate more fully the extent of such misfortune. Still their anxiety and momentous trouble prevent their resorting at once to the best means of insuring a prompt recovery. Nevertheless, this is a question of life or death in mental therapeutics. Here lies the golden opportunity: will it be employed or not? All psychopathists have met with such experience. They know how difficult it is for friends (sometimes an affectionate wife and children) to acquire the courage to decide this question, and to declare to the parent who believes himself to be persecuted, or the happy possessor of some power, that he is a sick man, and must leave his own house and family. It is certainly a supreme moment of trial for real love and respect; yet upon a true appreciation of the requirements of the case, depends the fate of the patient. So far as my own experience goes, I have seen these delays bring the disease to a period of entire incurability, and this in spite of good advice, which sometimes unfortunately was thought to be interested. Another source of difficulty is that the patient generally considers himself in a perfect state of health, and frequently suspects his friends of conspiring against him, especially if there be any interference with his delusions or plans. It is true, there are exceptional cases where the patient readily submits to any measure; some even call for medical assistance, thus proving that an insane man may be conscious of the assaults made upon his faculties or his conscience. Much has been said on physiological hallucinations, but these cases are extremely rare; the generality have lost reason and volition, and the rule is that the greatest repugnance is manifested for medical aid. Many friends fear to divulge the case, and say, "What is to be done? If we put him in a public or private asylum, his reputation is lost, and the shame falls also on us." Some shrink at placing a relative in what they deem a prison. Our answer to all would be: *the patient must be treated*: whatever be the nature of secondary considerations, *prompt relief must be afforded*.

Not only is such a determination essential to the patient's welfare, but it is important even for the sake of the family itself. It is remarkable that insanity which has nothing contagious for strangers and indifferent persons, is undoubtedly able to affect the emotional faculties of a parent. Families in which there is a slight predisposition to nervous and mental diseases are not aware of the double danger to which they are exposed by keeping an insane parent among them. There are in our minds such emotional dispositions relating to God and our fellow-creatures as are unfathomable either to metaphysicians or psychopathists. Our emotions are often destructive of reason when, at the same time our own nature and blood are exposed to injury in near relatives. In fact, we may conceive, that our religious faith and love are nearer the pure essence of the soul than any other feeling or faculty. I might relate many instances of contagion amongst consanguineous parents, but will refer to a case in which the contagion was effected by conjugal sympathy. I was consulted some years ago, by an English lady who had taken her husband to the continent of Europe, for recreation, and as she said, "to prevent insanity in him." He was a physician who had been much engaged in writing and publishing, and had overworked himself. After rambling through France, Italy and Switzerland, they had come by the Rhine to Brussels. The lady remarked that she feared her husband was actually insane, and that among other delusions, he held that the *police secrète* of Napoleon was pursuing him. The lady appeared to be very naturally agitated, and I had no suspicion that she also was insane. At last she entered upon a prolonged explanation, and said, "Certainly he is insane, but there is something true in his apprehensions, for I must tell you, Doctor, that the police always occupied the next room to ours, in every place we did stop at." When I visited my unfortunate *confrère*, he pointed at the chimney, and I had to tranquillize *both of them*. Anxiety and repeated emotional echoes had made her insane. The English Embassy took the necessary measures to have these patients returned to their friends.

Another obstacle to early treatment is the deceitful hope



indulged by some parents and friends, that by tender care, supplications and reasonings, they will be able to bring the patient to reason. It is only after experience has shown the bad results of their trial, that regular treatment is begun, but then the difficulties are much increased and the chances of recovery diminished. All psychopathists agree that a speedy assistance would save at least eighty per cent. of the cases. I could relate facts from the best authors, and many in my own practice showing that prompt treatment had effected the cure in a few days.\*

It is not enough that the family desires the immediate treatment of the patient. The disease must be recognized in time by the physician attending the family. Every medical practitioner knows how much this branch of instruction, theory and practice, is neglected, particularly in America. In Europe, in great cities such as London, Paris and Berlin, and in a few Universities private courses (no regular ones are obligatory) may be found. The faculty of medicine of the University of Brussels could never be persuaded to put such lectures on her programme. Physicians are obliged to get their information from books; no clinical lectures are given. The patients removed from sight, and the pupils not permitted to follow the physicians, the inability of the general practitioner to diagnosticate mental diseases, naturally follows. Psychiatry is a sealed book, and rendered so by error and prejudice which, however, for the benefit of humanity, must soon disappear.

\*It is on this principle that I establish my conditions for receiving recent cases to my house. The highest fee is required for the shortest time of treatment and cure. The proportion of time and the obtained cure, is necessarily the basis for fixing proper remuneration, so, for instance, it will always be perceptible to the most diffident or suspicious person, that the interest of a proprietor of an asylum, is to *cure*, in the shortest time possible, allowing of course a proper time for convalescence. This arrangement is possible in incipient insanity. Of course chronic cases could not be admitted on such conditions; but supposing that the recent case proves incurable, the family finds a surety in knowing that every possible attention is paid to the comfort and alleviation of the patient, while the charges grow less until they simply cover the expenses of the patient's board and care.

A few years ago the German Psychological Society awarded a prize to a memoir written by an eminent German psychologist, Dr. Erbenmeyer of Bendorf, Prussia. The question, "How must mental diseases be treated in their first stage?" was of great importance, and illustrated the difficulties encountered in general practice. It regarded a point of practice, almost out of reach to the psychologist, and belonging rather to the family physician. Dr. Erbenmeyer's pamphlet has been a most useful book, and by its successive additions and editions will continue such ; but in spite of its practical fitness, much uncertainty prevails as to the proper application of the precepts laid down, for want of proper clinical instruction and experience. The numberless cases of insanity and idiocy, whether resulting from various physical and physiological causes, or the influence existing between these and moral ones, or arising from the degeneracy grafted on individuals by parental transmission, are the *Fons et origo* of a specialty in medical science, and it is the province of the psychopathist to divulge this specialty to the student.

Psychiatry has but two objects—to recognize, to cure. Theoretical and practical instruction in Ophthalmology, Dermatology, diseases of the throat, uterine affections, and military surgery, we approve. Is it not surprising that psychiatry which treats of the health of the brain, should be proscribed? Without sanity, what is man, either as an individual or a citizen? A degraded being, a burden to society! We were often asked by economists and financiers, "*how it was that incurable patients lived so long?*" I felt this to be an indirect complaint of a long and useless burden. Therefore, do all psychopathists endeavor to diminish the expenses in Asylums, and this result is perhaps best attained in Free-air colonies. There is perhaps no department of science to which social economy is more nearly related, than to psychiatry. To the statesman, insanity has become a subject of absorbing interest. Legislation, finance, civil and criminal administration are all involved in this vital question. In Europe the number of lunatics amount, at least to 300,000, the cost of



which must be, at least also, \$24,000,000, or 120,000,000 of francs. This enormous sum is calculated at the low rate of maintenance of one dollar and a half a week. The general information obtained from reports and statistics shows that 55 per cent. of the chronic incurable cases are the result of *non-treatment* or *bad treatment*. Happily, all this will soon be remedied. Psychiatry will have public chairs in medical schools and universities; social science will take care that public expenditure should correspond to the advantages promised by science. We have now before us the memorial of the Board of Guardians of the Guilford Union, in the county of Surrey, England, to the Secretary of State of the Home Department. The memorialists, as *rate payers* and *guardians*, do not wish enormous sums to be employed in erecting asylums on the plans now everywhere adopted. They oppose the congregation of the insane in *masses* to better *classify them*. They complain that medical evidence is undervalued in the public assistance. They show that the committee of visitors of the Surrey Lunatic Asylum, at Wandsworth are ignorant of the mischief of condensing 1,800 lunatics, by that error diminishing the chance of recovery of patients, and increasing the expense to the county. They say "*curables* at Wandsworth are already reduced nearly to zero. The percentage of curables throughout England is 13.68, and in Lancashire, with a population exceeding 2,000,000, it is 36 per cent., 20 per cent., and 37 per cent. in the three several asylums in that county, averaging 31 per cent; whereas, in Surrey, with a population of 680,000, or one-third of Lancashire, it is 2.7 per cent. Nor is this all; the probable cure of female patients has been stated not to exceed 1 per cent., and the general health in the asylum (medical officer's report, 1859,) is considerably below par." This memorial is recent, June, 1860.

Governments will be compelled to pay more attention to the interests of the insane. Under whatever light the question may be considered, the advantage of creating professorships of mental diseases will be felt. The first step is to profit by the experience of the chief physicians of our public asy-

lums; for it is to be lamented that their science and practice is not made accessible to other physicians. An arrangement that would allow twelve recent graduates in medicine to pursue a full course of clinical instruction in a public asylum, would prove most advantageous to the interests of the state and the profession. Such a plan would in a great degree remedy the chief defect in insane hospitals or in the unique Free-air asylum of Gheel, namely, the inadequate number of medical officers in proportion to the patients. These gentlemen could render great service to the superintendent and medical staff of an asylum, by putting up the prescriptions ordered, giving the medicines, and studying their effect, and they could observe the various methods and moral influences resorted to in the treatment of the insane, and assist in their application. They could also keep a daily record of the cases (a great desideratum in mental therapeutics) in the case-books, with the notes of *post-mortem* investigations and microscopic researches, important hospital duties which can hardly be done by the actual medical staff. Moreover, the Board of Management might order as a condition of admission to the asylum, that these young men should, under the direction of the physicians, exercise themselves in making reports on medico-legal cases, and writing prize essays. Thus would be acquired, in each asylum, the best materials for psychological journals. Now, supposing it would cost the state or the corporations, besides the board and lodgings of these twelve house physicians, the sum of three or four thousand dollars, such small increase of expense would be trivial in comparison with the valuable work done, and the benefits conferred on the community. Civilization does not augment insanity, but disease increases with population. It, is, therefore of the highest necessity to prevent the extension of such a scourge. Two years employed in such special course of psychiatry would be sufficient, and the rotation of newly admitted students would in a few years bring forth the best results. First, a permanent nursery of able specialists to furnish asylums with assistants. Secondly, a diffusion of knowledge proceeding from a first-rate scientific centre, having for immediate result that the



horrible treatment of the insane in poor and work-houses would cease. Thirdly, the saving of life and reason to hundreds of useful citizens, and the saving of thousands of dollars. In the actual state of things, almost none of these advantages are obtained. On the contrary, do we not read every day in newspapers, of outrages perpetrated on the poor insane, or tragic events, homicides and suicides committed by lunatics, whose disease was mistaken by physicians, so that deluded persons, or the already completely insane, were left without medical assistance? In judicial cases, either civil or criminal, these physicians, the fruit of a reform, would be able to establish *authentically* the real mental state of delinquents, and the probable limit of their reason, and also the difference that exists between crime and insanity. Actually, courts, juries, and even experts, are often unable to ascertain the validity of acts or the responsibility of criminals, from the documents of inexperienced physicians.

Supposing the case, that a well-trained physician in psychiatry has been, in due time, called in to treat an insane patient, are there other conditions necessary for the success of his enterprise? This question merits some considerations, which, in common with several psychopathists, we believe are of great importance. They relate to some bodily and mental qualities necessary for such office. The celebrated Guislain, speaking of the fitness or want of aptitude of certain physicians for psychiatry, used to remark that a psychopathist was to possess the figure and special demeanor necessary for the *part* he was to play. He said that a broad-shouldered figure was good, because muscular power is often accompanied by a mild disposition of mind, and was thus advantageous for both parties. The patients are exceedingly quick to perceive these qualities in physicians and attendants; they feel a sort of instinctive respect for material and moral power, and a well built and strong physician, of kind disposition, is much better listened to than a slender and weak person. Besides, in the first case, the physician is not obliged to violate the truth or indulge whims and morbid fancies. In our opinion, also, physical power and energy of mind, softened by real kind-

ness, not weakness or flattery, are qualities necessary for the psychopathist. We must say, nevertheless, that some men who have been great psychopathists, had but a meagre appearance. These are exceptions. At all events, self-government must be complete ; *the psychopathist must have command of his temper*, and be able to judge of the bearing and significance of all his acts. If this quality is not congenial to his mind, it must be acquired and be the result of a victory of will over natural inclinations. Certainly, nobody is perfect, but in the direction of asylums, defects of all the physicians are soon known and pardoned, if the sublimity of their devotion covers their defects. Forbearance and perspicuity are exceedingly necessary, not only with patients, but also with their relatives or friends. On several occasions I have remarked the extreme aptitude of some physicians of this country to meet difficulties arising from the *mimotis inquieta* of some nervous relatives of insane patients. We have often heard doubts expressed about the expediency of telling the truth to friends, and even to patients. We believe that the truth, as far as we are able to discover, is always to be said to the one or the other, but in such a manner as to occasion the least pain. A real opinion of a case is even advantageous to the physician. How often have physicians not compromised their reputation by a prognosis which was not fulfilled. In the worst case a certain hope may be expressed that it may change, but without deceiving the friends. Sane and insane patients have often the feeling or instinct that they are in good hands for treatment, if they are properly examined, interrogated and observed. The more submitted to material investigation the more satisfied will a great many be. Of course this need only be done, when the patient is pleased with it ; but to obtain his confidence, how much time, meekness and precaution are not necessary. It is often by obtaining the friendship and confidence of the patient that the *Fons et origo mali* are detected. The importance of this point is self-evident in therapeutics. The power the physician derives from it is considerable, and similar to that we have on our own nature and body, when will is intensely applied.



We have seen what is often obtained by homeopathic jugglery. But what care, what patience, and we may say, what knowledge of the human heart are not necessary to the psychopathist to be successful. Dr. Baron de Mundy, one of the best writers on insanity, will disclose, if he has not already done so, the new method of investigation we often felt necessary to propose. At all events, it is easy to see how absurd is the pretension that a physician can attend to a few hundred patients, or that such a method can ever be economical. We have already said that in public asylums there should be printed reports filled up daily—the curable cases in the infirmary, or in the *central sanatorium* of a colony, should give occasion of remarks on diagnosis, prognosis, and moral and medical treatment. The incurable should have a full annotation once a week or month. What a field of instruction this would afford for the physicians themselves, and the visitors of such an establishment. A case wrongly diagnosticated should have the chance of detection. Now, all is darkness, and, in this respect, speaking of Belgian asylums, I was obliged to say that the medical case-books were conclusive proofs of our ignorance. A great feature of the so-called *revolution* I tried to bring about in asylums, and especially in Gheel, was to arouse and bring into action, as a curative agent, the faculty of the *will* in cases where it was deficient. Gheel, as it now is, without a proper medical staff, has not yet obtained a therapeutical benefit corresponding to the invaluable condition of Free-air and family system. No more has the non-restraint system accomplished its great object, and such advantages will never be obtained from mere speculative enterprises, such as the Fitz-James colony, or self-supporting farms, rendered profitable by the employment of insane patients. In all institutions where therapeutics are discarded, there can not exist a really profitable sympathy between the physician and his patient, and the result is a failure. Many authors on mental diseases have remarked that although serious lesions of tissue may exist, the judgment and conscience are not always entirely abolished. The family life of the insane brings light on this subject. At Gheel, one of my duties was to draw trial reports

on the insane paupers belonging to the city of Brussels. In one part of these reports I detailed the occupations of the patients and their ties of friendship with their attendants. I had thus plenty of occasions to determine their relative capacities for judgment and conscience. But then, if the remainder of personality is not sufficient for self-government, it certainly permits the sufferer to sympathize more or less with those around him, and even, to a certain degree, to appreciate the cares he receives and the mode of treatment to which he is subjected. These moral feelings can not be without influence on animal and vegetative functions, and they being favorable to the harmony of soul and body, it only remains then to find a convenient medical treatment. Two well known levers act on our moral nature. What *love* cannot obtain, *fear* must accomplish. The power of volition must be put in activity either by one or the other, and although I condemn violence in all cases, I believe that in certain, an effort of the patient may be provoked or elicited by moral fear, intimidation, and even a certain degree of restraint. Well, in such extremity, the sympathy may still exist between both patient and physician. Do we not love a mother or a father, in spite of chastisement? The great problem is to obtain a principle of action. We have seen that our kind and good Flemish peasants were often successful in obtaining it by a long and patient endurance. We shall a little further examine some means which produce a reflective action of the body on the mind.

Without the least doubt, the great bulk of patients (much more those shut up than those free *and neglected also* in a colony) are aware of the actual impossibility of their physicians to devote a sufficient time to the study of each individual case. I can not better compare that denial of relief than to the injustice perpetrated on patients in the general hospitals of Brussels, Paris, and London. Who has not followed the hurried chief physicians going at double-quick through the wards of chronic or incurable cases. How many times the unfortunate patient, tied down on his bed by sufferings, followed them with a supplicating eye. It was in vain; each medical gentleman has one or two hundred cases, out of which



twenty-five only are interesting. Time can not be wasted in these large *reservoirs*, where misfortune has gathered too many sufferers and too small a staff of physicians. The same takes place in asylums and in Gheel. In the latter, there was a time when a thousand and more insane were inmates of the village, and there were but five physicians and a surgeon for their medical attendance. Before being appointed inspector, I had three hundred and fifty of them, three hundred more than I could properly attend to. According to some physicians, chronic cases require very little medical care. I am not of that opinion, and will give my reasons. Another defect at Gheel was that my medical brethren were not paid for their work, and doubtless this is still the case. They had one hundred and twenty dollars a year for nearly one hundred and sixty-five patients. Of course they were obliged to live by a general practice, and this made their salary about equal to mine, which was seven hundred and twenty dollars. In England, at least, the physicians are honorably paid, but the narrow views of their employers increase so much their labor, and impose such conditions, as to prevent much real good resulting to the institution. Some of the physicians are perhaps more occupied in trying to *please* the committee of visitors than in serving humanity; the latter action would perhaps be equivalent to resigning their office. Is not that the reason of the *non-therapeutical treatment* which I observed in some beautiful asylums, so well decorated with flowers, birds, fishes and pictures, where, sometimes, you will find a ball-room, but not a shadow of a *clinic*. If you read the reports of the commissioners in lunacy, you see reproaches for such bad arrangements. But the answer of a learned board of visitors might, by chance, have been, "that a classification was sufficient for the medical treatment of insanity, and the opposition existing between deluded persons an excellent remedy, and that finally, insane paupers well clad, fed and *classified* were in the best conditions of recovery." A noble commissioner in lunacy in a fit of *nullifidianism* of therapeutical science said flippantly that sensible non-professional men were as able, *if not better*, to judge of the state of mind of the

insane than psychopathists, and a Lord Chancellor tried to cast ridicule on the specialty. Our science is not the least shaken by such opinions. Classification will never be considered a specific for insanity. There is certainly some art in detecting the qualities and defects that may permit the occasional association of the shut-up insane; which association may, in some distant and uncertain relation, be advantageous, but also sometimes exceedingly injurious. Non-association of insane is more logical, and is so acknowledged by learned enemies of the Belgian system. It is much more simple to understand that their separation and dispersion amongst sane persons will, in almost all cases, be of greater service to themselves and to the community. Here, then, we have a *rule*. Now the benefits derived from an association of morbid elements are doubtful, uncertain, and exceedingly rare, since in asylums of 1,800 patients, hardly twenty are curable. Then here is the *exception*. But the classification tale about its healing effect, resulting from divisions and subdivisions of asylums needing, in a psychological point of view, a brick intervention, reminds one of Dickens' cab-driver, who "wanted only a good pair of wheels to set his cab to go well by any sort of horse." Both assertions are of the same value. "Nothing more easy than classifying," says some asylum-driver, "the greater be the number of locked-up people, the more easy the medical task." Now, on this subject we have the opinion of Dr. Conolly, given before the select committee of the House of Commons, who, by his authority, refuted analagous assertions made to that body. That eminent psychopathist said: "I recollect being told, when I went into Hanwell asylum, that they would defy me to find more than two hours duty in the course of a day. I can only say, that the duties began as soon as I was dressed, and never ended till I was really asleep. For in the night, or at various times in the day, it is quite necessary that the medical officers should go through the wards."

In order to avoid any misconception about boards and committees charged by governments to relieve public miseries,



I must state that I fully appreciate the necessity of their constant active coöperation and inspection. In our opinion, this object will be obtained more surely if physicians of high standing are members of them, or even if the superintendent of the asylum has a seat in such committees. We are convinced that nothing under Heaven can be perfect. Medical science and its devotees need also to be told of its lacks and deficiencies.

A long practice has taught that patients, let them be sane or insane, educated or not, rich or poor, have at least an obscure feeling or instinct that tells them they are treated by a good and attentive physician, or by an indifferent and neglectful medical officer, who only cares for his own interests. It is therefore, that we insist on the moral qualities and the mental abilities of the psychopathist. We maintain that neglect of therapeutical duty, the omission of all such researches and inquiries leading to proper diagnosis, must produce indifference between parties who ought to be in mutual sympathy. Often in such case the most inveterate hatred is the fruit of such line of conduct. Physicians are then mistaken for jailers, and patients inevitably fall into incurable dementia.

To resume our opinion about the moral qualities of a perfect psychopathist: We say that he requires *ex-officio* a great power of perception, quick conception, cool judgment and firm will. These qualities form what is commonly called presence of mind, tact, reason, character and resolution. But that is not enough. Besides these purely intellectual qualities, he must acquire, or possess naturally, some others, without which the first-mentioned are insufficient for his task in an asylum. He wants, and must have, self-command, delicacy of feeling, a sympathizing heart, largeness of views, disinterestedness, and a moral and religious life and conduct. Asylums are much more than people suppose—*palaces of truth*—in which human defects are distinctly patent to all eyes, even to those that we should not suppose able to remark anything. Let all the physicians of an asylum or of a colony be loved and respected by their patients, as a father is by his children, and let them return that love by scientific cures,

and inspire in every one of their patients CONFIDENCE AND HOPE, the two great levers united in the Hippocratic aphorism, *Laturi in omni morbo, bonum.*

During the several years I was chief physician of the colony of Gheel, I had often to direct that patients who were brought with the hands and feet fastened by ropes or chains, should be set free of these hindrances. According to the condition in which some others arrived, I was obliged to employ restraint for their own sake and that of others. No preconceived theory caused our determinations. As very often means of restraint were injudiciously applied, the removal of it had a good result. The patient, astonished at the confidence placed in his good behavior, sometimes under the influence of a change of air, or pleased with the prospect of living in the country, considered his attendants, man, wife, children, and sometimes servants, as benefactors and friends. In some cases, just as it happens even in the non-restraint system, restraint of some form or other was to be employed. Now, when such was the case, the points I considered most important were, first, that there should be no interruption of mutual kind feelings between those whom we obliged to live under the same roof; secondly, that such restraint should not deprive the patient of out-door recreation; thirdly, that it should be taken off as soon as possible.

In describing the *ancient restraint system*, and comparing the same with the *new non-restraint system*, the venerable Dr. John Conolly says: That as restraint comprehended every possible evil of bad treatment, every fault of commission and omission, so the non-restraint includes the watchful preventive, almost the parental superintendence of the insane. This is true in some cases, but we must observe that these advantages depend upon the proportion of attendants to the number of the insane. The question of that *relative proportion* is the main hinge of the whole system. The more fully non-restraint is carried out, the more attendants are required. Then the chance of fighting for life and death diminishes. Murder amongst insane, or crimes perpetrated on the insane or on attendants, reciprocally, are less and less possible. And



still we hear now and then of sad events taking place in the so much boasted non-restraint system. In a free colony, the kind treatment and mutual friendship are to be ascribed to more natural causes, viz: a real parental care, which is the result of family life, and by the superiority of the number of attendants, which prevents conflicts and rebellion. Refractory wards are the worst divisions of asylums. They have no corresponding section in colonies, because either family life is impossible, and the patient must be sent to the infirmary or sanatorium, or the distraction offered by nature soon tranquilizes the agitated insane. I am of opinion that the non-restraint system is a step to the free-air treatment in colonies, and the actual proposition of having out-door patients in the non-restraint system is but a further step towards the complete adoption of the Belgian system, and that it will succeed everywhere, I have not the least doubt, since such men as Moreau (de Tours), Biffi of Milan, Mundy of Moravia, Roller of Germany, Sibbald of Scotland, Pi-y-Molist and Pujadas of Spain, have undertaken its defence. I must not forget to state the excellent reasons and articles written by the late Dr. Galt of Virginia, on the Belgian system. He was the first American psychopathist who commenced here what may be called the *Free-air agitation*. All honor, for it belongs to him. May we soon *unite* our efforts for such cause in our common country.

We have seen, ourselves, how non-restraint was practised in Scotland and England. In a therapeutical point of view, it has some advantages and also serious defects. It is advantageous because it not only prevents coarse treatment in the majority of cases, but soothes the irritability, and disposes favorably for medical action. It is often prejudicial because, as a theory, it prevents the active interference of the physician in certain cases. I conceive that it is our duty to medicate a patient when there is a clear indication for it. Dr. Conolly acknowledges that in some cases restraint is necessary, and that "holding the patient's hands and feet is sometimes necessary for a few minutes. They must be else removed, and their attention occupied, or they must be put in confinement in cells." My experience does not permit me to agree with this.

For curables fighting or wrestling must be avoided. After a *few minutes* an agitated patient can only become quiet by *exhaustion*. Will he then submit to treatment, or is it the proper occasion for medicine? Generally the struggle must be renewed. If they are removed, their attention can not be distracted, when we must insist on the medical prescriptions. As for cells, nothing is worse in a therapeutic point of view. It is, we have said, the negation of our art. I have been witness in *non-restraint asylums* of this last operation, and I am convinced that the means employed in the Belgian system are more rational and more humane. First, the holding of hands and feet irritates the patient, and most strongly agitates the whole ward. Then it is prudent it should take place far from it, so that even the cries should not be heard. The wrestling is bad for attendants. They are, commonly, low or uneducated people, whose passions must not be excited, the more so, that they are often the objects of insults, and sometimes of blows from patients. Besides, in most cases, the struggle may continue so long that at length other means must be resorted to. So, all the fighting has produced only evil.

The *ultima ratio* of the non-restraint system is the cell, but is medical treatment possible here? I have seen a patient that three or four stout attendants only could keep in awe in a cell, challenge the physician to enter, and I admired the ingenuity of the disposition of a part of the door that folds itself at right angle in the door-case, so that after their backward retreat they could resist the efforts of the maniac. The patient then continues his cries and invectives, knocks and scratches the door. Where is, in such case, the possibility of treatment? No medicine can be offered or given, no consolation or distraction afforded.

Under the special influence of Dr. Conolly, I conceive that many difficulties were avoided. The new system was faithfully applied. But every physician has not, or can not at once have the prestige or exercise the fascination which a great reputation and independence gives to some distinguished men. My friend Dr. Biffi, of Milan, demonstrated why Guislain was master in his asylum, in spite of its religious corpo-



ration, or the friars he employed as attendants. Everywhere else the physician is dependent, and only a tool they employ at their convenience. The high devotion to humanity of powerful men, like these two celebrities, is not arrested by difficulties that crush the best exertions of their followers. I imagine I see and hear Dr. Conolly appearing in a ward. He is small of stature, muscular power has not a great representative in his person, but his benevolence penetrates at once patients and attendants. His quick eye, and his clear judgment have distinguished any difficulty; he speaks as he writes, kindly, and cautiously. No wonder that a simple remark has put to nought a vast accumulation of griefs, opposition, and even revolt. Few of us possess such qualities, therefore, even only as an accessory, I wish for more space, more room and distance for these agencies to have their play without reaction on the community. I believe that when confined in a limited asylum they soon bring things to an exaggerated and intolerable pitch.

It is admitted in the non-restraint system, that the great object of seclusion in a cell is *tranquillity*. Very well, but tranquillity, unless a step towards cure, answers only the object of a so-called administrative classification. Tranquillity does not always follow seclusion, and that is the plausible reason why the defenders of a pure theoretical system have as little recourse to it as possible. What may be termed cell-excitement may last for many days and exhaustion may be followed by sudden death. I am not sure that this result is not sometimes caused by putting agitated patients in cells, instead of actively treating them. Men of great celebrity have fallen into this error. The cells that Guislain caused to be built in Belgium, (even those in the infirmary of Gheel!) though in a material point, better than the ancient ones, occasioned, in many cases, a dangerous hyperæmic state of the brain. These cells are arranged as follows: Two side galleries (warmed in the winter) give entrance to the cells by two different doors, so that, on a sudden, a great number of attendants may rush in. The cell has a barred window, without frame or glass. The bedstead is fastened to the floor, and the privy is placed in

a corner of the room. Now, this sort of window-like opening allows the patient to be seen, who often like a wild animal, calls and yells at the passer-by. The English cells, with their small door-lights or holes, through which the observer may see and not be seen, are less injurious. If tranquillity is the result of solitary confinement, let it be complete until the object is obtained. The Belgian system is much different. When I was superintendent of Gheel, every extraneous cause of excitement was as far as possible excluded. Great forbearance was the rule and practice. When the insane became excited, three times out of four, they were quieted by the true and real *non-restraint* in the open air, which is of its own nature, *calming*, and by the cares and kindnesses of the family system, which are *soothing*, because these appeal to the heart. If a patient became entirely ungovernable and dangerous, *restraint* was applied, and every one found this necessary measure just. Now, of all the forms of restraint employed, such as strait-jackets, handcuffs, muffs, &c., one only satisfied the physicians and the patients. Before describing it, we must declare we have always found the practicable management of the insane to be a mere question of expense, for, a sufficient number of attendants must prevent almost any accident. But even in a free colony, as in Gheel, restraint must be applied in certain cases. Then we employed, by preference, straps to the inferior part of the legs. By this means, a curious diversion often takes place. Generally, patients are much occupied by that *strange* hindrance of quick progression. Finding not a sufficient basis for their centre of gravity, they are not inclined to attack, even with their hands and fists. Some proud maniacs, threatening every body, it brought to confusion and consequently to proper conduct. In order to comply with the letter and not with the real value of an outcry against *chains*, iron, &c., which may be useful instruments, I did away with the small chains, and employed instead a sort of tessellated wire-string, covered with leather. Morally or physically affected, I always found a patient able to feel, at least, that he was kindly treated—then medical treatment is possible. In a free colony, the attendant, who is also a farmer, has that calmness common



to country people ; he has little time to answer unnecessary questions—silence reigns in the fields, and soon rural monotony restores tranquillity.

It is beyond doubt that nervous erethism is diminished by country life. Let us not forget that a *sur-activity* of the mind requires a diversion, not that of the work of a farm-servant, as in the so-called colony of Fitz-James, but that of a family, which has no right to compel, but may invite the patient to work. This constant intercourse of insane with sane persons prevents also that mental impairment, dementia, which is perhaps worse than death, provoked by exhaustion in a cell. This nervous erethism or irritability, is one of the most usual symptoms in many forms of insanity. In wards, the slightest motive may produce unexpected furor. In colonies, not only is there no occasion for it, but when produced, no reaction takes place, and it vanishes as it came. It is, therefore, evident that the chance of cure is increased. It is thus that the mysterious agent in our nervous system, which is so intimately connected with the principle of life, is saved and restored at the same time !

In all cases, restraint must be restricted to as brief a period as possible. Lately a gentleman was to be transferred to my country house. He was found in a state of furor, walking his room at the hotel, flourishing the various articles of furniture over his head, and keeping at bay a number of servants. After some parleying, he was quickly wrapped in a quilt, which was secured by an already prepared oblong strip of strong cloth, furnished with buckles and appropriate straps of leather. In that position, the patient resembled an old-fashioned wrapped-up baby. He travelled twenty miles comfortably, lying in a carriage, and four days of treatment cured him completely.

We must remark that this mechanical restraint has an excellent effect both on patients and attendants. As far as practicable, a stranger should apply the restraint ; there is then no hatred or violence to be feared. In a colony, the insurmountable question of a sufficient number of attendants is solved, when in refractory wards of asylums they are as one to twelve.

Hence the scuffles, violence, and hence arise worse suppositions of the so-called *alleged lunatics' societies*, in regard to that unhappy division of public asylums.

I quite agree with Dr. R. Hills, Superintendent of the central Ohio Lunatic Asylum, who, in his late report, mentions the submissive habits of the poorer classes of Europe, and their easier satisfaction in claustral asylums; but it appears the more evident to us that such restraint, as was employed with success at Gheel, would be much more acceptable to American patients, who, by this method would enjoy a relative personal liberty. Can he, the unfortunate sufferer, not be glad in his conscience to find that instead of being suspected of mischief, he is welcomed as a guest in a family? I must beg to say that at least under my management, the amount of restraint was not much greater, and at least less dangerous, than in the refractory wards of some asylums. I wonder very much at the remark of my friend Dr. Sankey, of England, who, in a memoir published in the *Annals Medico-psychologiques*, says that mechanical restraint may perhaps be less sensible to a Belgian, but that in England the sight of the insane wearing straps, as in the colony of Gheel, would be insupportable. That the idea of a human being wearing or *dragging a weighty block* to his feet, would remind one of the greatest possible degradation! First, I have never discovered those block-dragging patients at Gheel, and secondly, I must warn Dr. Sankey never to visit English poor-houses where every description of miser and degradation is the proof that they can not be destroyed, or prevented even by a rich and powerful empire.

( *To be continued.* )



## CASE OF MORAL MANIA?

BY JOSEPH WORKMAN, M. D.

K. S. was admitted 14th December, 1861, under the usual certificate of lunacy, signed by three respectable physicians, resident in the town from which she came. Her age was at that time fourteen years and nine months; her stature was low, but she appeared to have attained full womanly development. Her aspect was very prepossessing, and indicated superior intelligence—certainly there was nothing in it of the semblance of insanity. Her previous habits of life were certified to have been regular. She had been at school until a short time before transmission to the asylum, and from her teachers I have since learned, she was very clever and attentive.

The medical certificate stated the duration of the attack, before examination, to have been six months. This fact, however, is usually given on the authority of parents or friends, and is never very reliable. She had never been in bad health, and consequently her case was not under the observance of any of her medical examiners, before the time at which they were called to certify to her insanity. No cause could be assigned. Her insane acts were stated to be those of destructiveness and thieving, and her temper was stated to be sullen. Her mother, who brought her to the asylum, gave a multitude of details of the bad doings of the patient, amply calculated to impress us with the conviction that we were taking into our house a most vicious and troublesome inmate, who would tax all our vigilance and forbearance. She exhibited a bagful of various articles of dress, which the patient had thoroughly destroyed by cutting out pieces, generally of circular shape, with scissors—not without striking indications of *order* and *method*, which impressed me, at the time, as scarcely indicative of genuine insanity. A long detail of other bad deeds was supplied by the mother, sufficient to qualify a dozen candidates for asylum lodgment.

Notwithstanding the very unpleasant impression made on my mind by the preceding history, I resolved to treat the girl according to her present conduct, and practically to ignore the entire bill presented by the physicians and the mother; and I gave her to understand that if she behaved well, she would experience from us nothing but kindness. Not only did she never misbehave, but her whole conduct was exemplary and amiable. She evinced very superior intelligence, and her selection of books from the library showed both good sense and a good inclination. She was industrious, tidy, obliging, kind, quiet, and invariably obedient, beloved by her associates and nurses, and esteemed as a worthy young woman by all who knew her. Neither to myself, nor to any officer or servant of the institution, did she manifest the faintest indication of intellectual or moral aberration. When she had been three months under my observation, I said to her that there seemed to me to be no necessity for her further detention, and she might write to her mother to inform her of my opinion. I waited several weeks for the result, but did not hear from the mother or any of the family, and about the 20th of April I wrote myself, and had a reply by return of mail, saying no letter had come from the patient on the subject referred to. The mother came on the 25th, and took her daughter home; but on the third or fourth day after discharge, she brought the girl back to the asylum, and with her another bagful of samples of her scissorial handicraft. I examined them with much interest, and my old conviction that they were not the work of an unsound mind was revived. I said to the mother, there is too much method in all that mischief, to permit me to believe, that the perpetrator of it was acting under insane impulse, or without perfect self-control, and whatever might be said as to the wickedness or wantonness of the acts, four months close observance of her daughter had failed to show me that she was insane, either intellectually or morally, and I believed she was quite a free agent in all her conduct, and all her thoughts.

The poor woman importuned me vehemently to erädmitt the girl, but I declined, as I could not see that she was a fit



subject. Finally, I agreed that if a fresh certificate of lunacy were made by three physicians of the town where the family resided, I would again take her under my care. Two days after, on the 1st of May, 1862, they came back bearing a certificate, declaring the girl, not exactly to be a "lunatic," (which word was scored out), but "*a monomaniac with the propensity to the secret destruction of property.*" Whether the examining physicians desired to avoid testifying to the presence of actual insanity, I am unable to state; but the terms employed by them were regarded by me as sufficient. The girl was accordingly reädmited, and as the case was certainly one of interest, if not of some obscurity, I determined to submit her to renewed and protracted observance. Ten months have now elapsed since her reädmision, and nothing has been observed different from her condition in the first term of residence. There is neither mental impairment, nor intellectual feebleness. On the contrary, she has improved her educational standard, and her capabilities are certainly far above mediocrity. She makes herself peculiarly useful in writing letters, obligingly, for other patients, to their friends; and as all these pass under my perusal, I am able to testify to their respectable merits, and accurate adaptation to circumstances.

Her health is excellent, and has been so during her entire residence. The menstrual function is quite regular, and we have never observed the faintest indication of hysterical, or any other nervous disorder. Her temper is uniformly good. She cheerfully participates in all the amusements of the institution, but without the least tendency to levity or excess. She is *habitually* industrious; in fact, idleness seems to be foreign to her nature, and all her employments are rational and useful. She says she wishes to leave the asylum, but not to go home. When asked why she dislikes home, she is silent, and when, after each admission, I asked her why she committed the destructive acts at home, she made no reply. A few hours after her discharge in April, a young patient, who was on the eve of leaving, as recovered, said to the matron, "Well, K. is gone, but she will soon be back." When asked

her reason for saying this, she replied, "O, I know how it will be." This patient accompanied K. to the carriage, at the hall door, and it was observed that K. gave her a wink on driving off. I was not, therefore, at all unprepared for her return in three days after, nor for the scissorial samples brought in the bag, by her mother to convince me of the girl's insanity. They were not, however, so convincing on me as they proved subsequently to be, on the three physicians called in to reëxamine her case, and I dare say, should she now be taken home again, a similar bag of facts would be at early command, and would secure a similar medical verdict.

I have bestowed on this case much calm and careful consideration, and have endeavored to divest myself of all prejudice, which might spring from theoretical leanings on one side or the other. The conclusion at which I have arrived is, that if her case has really been one of insanity, it must be of the form called "*moral insanity*," and if of this form, it is one of the purest and least complicated I have ever heard or read of. In committing her destructive acts, it is very certain she felt *not* "constrained by an irresistible impulse, contrary to her convictions of right," but, on the contrary, she was well "aware that she was doing wrong." Her silence when interrogated on the subject, "should sink deep into the hearts of those who legislate for, or sit in judgment on the insane," for, interpreted by all her conduct here, and by the most scrupulous exploration of her mental condition and powers, it may be conveyed in the words of one of the most accomplished and excellent writers on the Jurisprudence of Insanity who has yet benefited society by the publication of his well-matured thoughts, and whose work must be perused by every American reader with equal pride and pleasure. I allude, of course, to Dr. Ray, of Providence, and in his plain and forcible words, exhibiting the mental condition of a similar moral maniac, my young patient may borrow from her senior prototype the reply made by him to Dr. Ray's question: "I neither acted from an irresistible impulse, nor upon the belief I was doing right. I knew perfectly well I was doing wrong, and I might have refrained if I had pleased. I did thus and



so, because I *loved* to do it. It gave me an indescribable pleasure to do wrong."

There is, however, this important difference between my patient's condition and conduct, and those of Dr. Ray's patient, that, whereas the latter was *constantly* saying or doing something to annoy or disturb others, while his intellect was apparently as free from delusion or any other impairment as ever, the former has only on two, or perhaps a few more occasions, done wrong, and her intellect is not merely *apparently* free from all delusion or impairment as ever, but it is so in reality, and I believe always has been. This is a most important distinction, for it proves that my patient's moral insanity is pure and simple, and in this respect it is certainly, as a reliable illustration of the malady, superior to any other, the details of which I have yet seen, for I must be candid enough to confess that out of all the cases I have yet read, whether in the treatise of Dr. Ray, or the various others in which moral insanity has been illustrated, I have not found one in which there has appeared to me total absence of indication of intellectual lesion.

Dr. Ray says, "there is, unquestionably, a great tendency in this affection to pass into intellectual mania," and that "Georget describes it as belonging to the initiatory stage, or incubation of intellectual mania." It is, I believe, the general fact, that all the well-marked cases of moral insanity yet described have ultimately degenerated into unequivocal intellectual insanity. This would surely warrant us in doubting the perfect immunity of the intellectual powers, in the early or *moral* stage of the disease. There are, I believe, many superintendents of large asylums, who state that they have never encountered a case of pure moral insanity. In nearly two thousand cases which have, in ten years, passed under my own observance, I have not met with a single one of pure moral mania, unless the present case may be of this form. True, indeed, I have had under my care patients whose intellectual lesions had escaped detection, or were so trivial as to be deemed undeserving of specification, but prolonged close observance, has never failed to show that those excessive dis-

turbances of the moral affections, which constitute the elements of moral insanity, are associated with, if not dependent on, intellectual impairment. Unless, indeed, we can believe that the mind is but a loose conglomeration of sovereign and independent faculties *or states*, any one or more of which may, when it sees fit, secede from the union and set up government or rebellion on its own account, one can hardly conceive of the possibility of that morbid isolation, which the doctrine of moral insanity proclaims. Certainly, at all events, we should not expect that the secession will fail to disturb the equilibrium of the remaining members of the confederation.

Dr. Ray, in the commencement of his section on "*Partial Moral Mania*," (which is probably the division to which my patient's case should be assigned,) informs us that, "An exaltation of the vital forces in any part of the cerebral organism must necessarily be followed by increased activity and energy in the manifestations of the faculty connected with it, and which may even be carried to such a pitch as to be beyond the control of any other power, like the working of a blind, instinctive impulse." This is cutting the Gordian knot of the problem, *a la phrenologie*. It is perhaps the shortest way of disposing of the question, and could we all feel perfect reliance in the revelations of Gall and Spurzheim, and their followers, we might better comprehend the *necessary* sequence to which the author calls our attention. It is, however, very difficult for any one familiar with cerebral pathology, (to say nothing of cerebral anatomy,) to realize the idea of a topical (and perhaps very limited,) "exaltation of the vital forces of some particular part of the brain," which may drive the "faculty connected with it," "to such a pitch as to be beyond the control of any other power, like the working of a blind instinctive impulse," without most serious apprehensions as to the tranquillity of adjacent, or even distant related parts of the brain. True, indeed, in our autopsies we occasionally observe only spots of diseased action on the surface of the brain, or within it; but they are seldom isolated, and even when they are, they involve more than one of the parts, *externally* allotted



to the faculties of the mind, or they impertinently embrace half a dozen or more of the regions laid down by phrenological chartists. But even though revolution had been early suppressed, and the sovereignty of reason had resumed its sway before any other of the powers became disturbed by the extension of the "blind instinctive impulse," it is difficult in contemplating the cerebral Fort Sumpter, to avoid the suspicion that some naughty Jeff. Davis was at the bottom of the row. For my part, reasoning from phrenological premises, I can more easily imagine that a distinct, or representative mental faculty, whether of the intellectual or the moral order, shall impel its constituency to increased activity and energy than the converse.

In the case of my young patient, it would perhaps puzzle the most expert craniological psychologist to localize the cerebral "*exaltation of the vital forces.*" Indeed, her mother did avail herself of the services of the most successful itinerant in that line on this continent; but the girl's head would not yield up its secret even to his dexterity. I doubt very much that, instead of topical erethism, the moral delinquency proceeded from general coolness of the brain, and that intellectual power had more to do with it than defective self-control. Her destructive indulgences were not the rash acts of sudden impulse. Considerable time was bestowed on the preliminary arrangements, and much ingenuity was shown in the entire process. On both occasions she had a definite object in view, which was to force her parents to send her from home. I do not think she had at first any apprehension of being sent to a lunatic asylum, and she must have wondered how she was discovered to be insane. But she found the institution not so bad a place as some people had said it was, and four months experience of its discipline had taught her rather to desire than to dread, return to it; consequently she soon set to work to attain this end. I have believed it to be my duty to give her case the benefit of every doubt which its history presented, and having long desired to have an opportunity of observing a case of alleged insanity, unaccompanied with intellectual aberration, I determined that her residence should be suffi-

ciently protracted for this purpose. I can not regard the result as uninstrusive, for whether we repudiate or admit, the fact of insanity, it is manifest that the course of treatment pursued has been appropriate. If the girl's conduct has been but intelligent criminality, it is certain that gentle management has not deteriorated her condition. If she was really a moral maniac, and if this disease when "periodicity is once fairly established, is peculiarly intractable to treatment, and may continue for years," when it "finally assumes a more continuous and uniform character, until its original phases entirely disappear," (vide Ray's Jurisprudence of Insanity,) then must it be very gratifying to observe that the malady has been interrupted in its fatal career, and to believe that by perseverance in the same judicious means, its consummation may be indefinitely postponed, if not entirely averted.

This certainly, is a more fortunate issue than could be hoped for in the great majority of the cases of moral insanity detailed by writers on the subject. Very few persons largely conversant with insanity, will fail to admit the hopelessness of several of the forms of moral insanity which have been brought under notice.

Dr. Ray (page 171,) writes thus: "There is another very common and well-marked form of insanity, the manifestations of which are chiefly confined to the moral sentiments. Its characteristic feature is that of excitement alternating with depression, the two conditions varying considerably in different cases in point of intensity, and also, as well as in the intervening interval, in point of duration. The general traits of the first-mentioned condition, are an unusual flow of spirits, great self-confidence, sanguine anticipations of the future, restlessness both of body and mind, and untiring loquacity. Usually, these traits are only strong enough at first to modify the ordinary character of the individual, without raising the slightest suspicion, and not uncommonly giving the impression that the person has been indulging too freely in drink. Sooner or later, they become more strikingly developed, and exert an unmistakable influence upon the conduct and discourse. He



engages in enterprises, moral, social, or commercial, either manifestly beyond his means, or in one way or another, inappropriate to his condition. Especially is he bent on speculation, and nothing comes amiss capable of gratifying this passion. Whether it be a farm or a ship, a mill-privilege or a city lot, a parcel of trumpery jewelry or the odds and ends of a two-penny auction, he is equally sanguine of getting a good bargain. He is constantly yielding to some new fancy, and ardently prosecuting some of the countless schemes that swarm in his teeming brain."

Few physicians at the head of large asylums, can fail to recognize in the preceding lines, a most faithful and graphic description of a form of insanity, too frequently coming under their observation. It may, however, be averred by some, that under the head of *moral mania*, it is hardly in its right place. In such cases there certainly is found, not only lesion of intelligence, but also most formidable lesion of the material organism, on the integrity of which, both mental and physical normality depends. The inquiring student who desires to have a clear and uncomplicated apprehension of an alleged form of insanity, "in which the affective faculties, either singly or collectively, are deranged, independently of any appreciable lesion of the intellect," is in danger of becoming bewildered in his researches on moral insanity. There can, indeed, hardly be any reader within the specialty so blind to the significance of the mental phenomena presented in the quotation from Dr. Ray, as not to perceive that they indicate *palpable* "lesion of the intellect;" and though it is very improbable that he will fall into the error of regarding such cases as properly falling within the category of moral insanity, provided he has given sufficient attention to the introductory definitions given, or quoted, by the author; still it would have been better had they not been here introduced.

The grand *desideratum* in any treatise, or chapters, on the subject of moral mania, and especially in its legal relations, is the faithful exhibition of an accumulated number of unequivocal or pure and simple cases. This service has yet to be rendered. I have deemed it my duty to submit the first which

has come under my notice ; and if others with similar opportunity will take the same course, we may, in time, have a sufficient number of *bona fide* specimens, to enable us to settle the controversy, which has been kept up between the two antagonistic parties of the specialty. But it should not be forgotten by contributors, that it is desirable to have details *only of genuine cases* ; any adulteration, by however trivial a dash of impaired intellect, should exclude from publication. Mere predominance, or overtopping of moral aberration, can not constitute pure moral insanity. There should be irrefragable proof of the absence of disturbed or impaired intellect. We all know that in some cases of ordinary insanity, in which intellectual lesion is not questioned, though it may be inappreciable to common or casual observers, a very trivial misconception of some matter of fact, suffices to rouse the patient to a terrific outburst of passion, during which all moral decency is discarded ; and these exhibitions may be numerous and protracted ; but they do not make up a case of pure moral insanity. On the contrary, close attention to their inception enables us to link them with intellectual impairment ; and the best means of calming the emotional storm, is by a mild appeal to the reflecting power of the patient ; which, however, it may not be always advisable to prefer before the fit has begun to subside. Another means, we are aware, and it is perhaps the best, is to ignore the subject of misapprehension, and to present some new idea to the mind. This is certainly conceding that the primal movement is in the intellect.

It is very questionable whether more injury than benefit has not been rendered to the interests of justice and humanity by the earnestness with which the moral insanity section have urged their views ; or, perhaps, more correctly speaking, by the confusion which they have introduced into a subject, requiring to be investigated with rigid philosophic exactitude. The pending issue is one of the most grave import ; and every thing that tends to retard a correct final decision, is much to be regretted. That men in the ordinary walks of life, and even those filling judicial seats, should form erroneous conclusions on the fundamental character of certain cases of insanity, in



which moral depravity appears to be the only distinguishable fact, is not to be wondered at. It may appear to them little short of a negation of their own consciousness, to admit that an accused party, alleged or admitted to possess perfectly sound intellect and exercising perfectly free volition, is an irresponsible moral agent. In how many cases, in which the controversy may have waxed fiercely, and a final disposal contrary to both mercy and justice, may have been made, might not some latent fact have been disclosed, had the party been skillfully watched, or examined by some one familiar with all the shadowy and flickering manifestations of impaired intellect, which would have set the matter at rest, and satisfied the ends of justice! It might be presumptuous to say, that such a course of inquiry, universally carried out, would explode the whole theory of moral insanity. I am, however, convinced that it would greatly narrow the limits of the subject; and that by lessening the number of alleged cases, it would enable us to examine the rest with closer attention, and under much clearer light.

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## ON THE PATHOLOGICAL ELEMENTS OF GENERAL PARESIS OR PARESIFYING MENTAL DISEASE.

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BY DR. E. SALOMON.

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### INTRODUCTION.

*General paresis, paresifying mental Disease*, or in Latin, *paresis generalis*, that is, paresis of mind and body, *insania paresans*, are terms applied to the form of mental disease generally known under the French denomination of *paralysie générale*.\*

\* "Paralysie générale" is a singularly inappropriate term; for he who is generally paralyzed is certainly dead, and not living.

The synonyms of this disease are particularly numerous. Among the most important names in use with authors I may enumerate the following: *Dementia paralytica*; *paralysia generalis progressiva*; *paralysis progressiva*; *anoia paralytica*; (1) *dementia paralytans*. (2) The French have called it, *aliénation ambitieuse avec paralysie incomplète* (Bayle); *démence paralytique*; *folie paralytique* (Parchappe); *paralysie générale incomplète* (Calmeil); *paralysie générale progressive*; &c. The Germans term it *Geisteskrankheit mit Paralyse*; *allgemeine progressive Gehirnlähmung*; *paralytischer Blödsinn*; &c. The English call it simply *general paralysis*. (3) *General paresis*\* occupies a prominent place among affections of the mind, by reason of the great interest presented this by form of mental disease in a pathological point of view.

The knowledge we at present possess of this singularly constant morbid process, and its essential nature, may be regarded as a vantage ground, whence scientific investigation may advance in the still uncertain field of mental diseases.

Calmeil says: “Le diagnostic anatomique des lésions qu’on doit s’attendre à rencontrer dans les cavités crâniennes des individus affectés de périencéphalite chronique peut prendre rang parmi les vérités les mieux établies de la pathologie humaine.” (4)

Even if this statement cannot be taken literally, it shows that the assiduous labor which has been bestowed upon the investigation of the pathological anatomy of this disease has not been without result.

In order at the present day to obtain the recognition of an affection as an independent form of disease, it is not sufficient to exhibit a certain group of symptoms; we must at the same time be able to show that these symptoms spring from one and the same source.

The pathology of every distinct disease must therefore consist of two parts: the symptomatic (or physiological,) and the anatomical.

I shall make this division the basis of my essay, and shall

\* *παρεσις*, = *paralysia incompleta, imperfecta*.



therefore commence with the symptomatic pathology, to which is appended a chapter on the differential diagnosis of the disease. I shall then pass on to the anatomical pathology, and shall conclude with an investigation of the essential nature of the disease.

## I. SYMPTOMATIC PATHOLOGY.

### I. SKETCH OF THE DISEASE.

In the very commencement of the cerebral morbid process which constitutes the subject of the following essay, the mind appears injured in the conditions fundamentally necessary to the normal discharge of its functions ; it is diseased in its very root.

The degenerative process which takes place in the cortical substance of the brain, (5) prevents the normal reproduction and association of ideas ; so that all combination, or any adequate comprehension of circumstances, the apprehension and conception of the most ordinary phenomena, are rendered impossible.

On this depends the peculiar change in the patient's behavior : the astounded, vacant look, with which he glances around ; the difficulty, or absolute impossibility of performing the simplest mental operations. The patient has scarcely swallowed the last morsel of a copious meal, when he demands more, assigning as a reason that he has had no food during the entire day ; he wishes to go to bed in the middle of a bright day, because it is evening, &c.

This stamp of devastated intelligence general paresis maintains during its whole course, whatever form of other mental disease it may assume. There is scarcely any form of mental disease under whose colors general paresis may not advance. Oftentimes it presents itself to observation as an eccentric, multiform, alternating ambition, with or without maniacal exaltation ; very frequently it occurs with a melancholic state of mind manifest in the patients' outward demeanor. False ideas of external greatness are also to be discovered, although the patient does not spontaneously give utterance to them. The disease may likewise run on with an unmeaning loquacity,

without any definite or typically marked delirium, and with alternating fits of exaltation and comparative calmness of mind. Some cases have been observed under the form of a more apathetic mental torpor, with intercurrent, rapidly transient ebullition of feeling and hallucinations of various kinds.

Notwithstanding that from the first commencement there is a decided diminution of intelligence and of the power of judgment, the frequently recurring states of exaltation, the constantly varying false ideas, hallucinations and illusions, often present a remarkable variety in the disease on its first appearance. Even if we leave out of view the motor disturbance constantly attending the affection, paresifying insanity is thus distinguished from every other form of lunacy.

Accordingly as the cerebral disorganization advances, the active alternation of phenomena gradually diminishes, while the manifestations of the cerebral lesion become the most striking. The functions of sight and hearing do not in ordinary cases, when the disease is not very far advanced, exhibit any very remarkable change. But towards the close of the third stage, the power of hearing usually diminishes. In the rare instances in which the patient lives to the fourth stage, sight and hearing become finally annihilated. Hallucinations (endogenous sensations) are not unfrequently met with in these senses. Smell and taste are often altered, so that the patient without repugnance submits to their operation the most loathsome things. Hyperæsthesia of the skin may possibly sometimes be observed, but it does not belong essentially to the disease. The sensibility of the skin often continues perfectly normal, even in the third stage; but in most cases it is blunted in some degree proportionately to the advance of the motor disturbance. This blunting, however, (except in the fourth stage,) never amounts to complete insensibility.\*

The motor disturbances exhibit a vast number of changes and varieties. Even in the first stage, we observe more or less of transient convulsive movements (involuntary spasms) in

\*The occasional suspension of perception must be distinguished from loss of sensibility.



the muscles of the face, especially in those of the upper lip. Sometimes the setting in of the disease is marked by sudden fits of vertigo or transitory attacks of an apoplectic character. Again, there is a more interrupted, involuntary, as it were, jerking movement in the lips; creeping sensations in the tongue (fibrillar convulsions in the muscles of the organ,) when it is protruded; the patient betrays a certain amount of difficulty in expressing himself, evidenced by a labored and catching mode of delivery, and a difficulty and occasional complete inability to pronounce words abounding in consonants, which require a more combined action of the muscles engaged in articulation. The patient still walks quickly, but sooner or later he experiences uncertainty in his gate also. It becomes insecure and staggering, causing him to walk with a feeble step and straddling stride (sailor's walk.) This is more apparent when he is suddenly called and attempts to turn; the lower extremities now begin to give way under the weight of the body; the power of combination for its movements is interrupted. If the patient has advanced somewhat into the third stage, it happens that when he attempts to get out of bed his knees sink together, and he is for a time paralyzed, but again recovers. After such attacks the power of motion in the lower extremities gradually diminishes, so that if he reaches the fourth stage he can no longer leave his bed. A similar condition occurs, in the progress of the disease, in the muscles of the upper extremities. In the last stage the muscles connected with the expulsion of the excreta and with deglutition no longer perform their office.

The vegetative functions usually continue rather long undisturbed. But with the gradual diminution of nervous influence nutrition also declines, and emaciation attains a high degree. In many instances an atrophied state of all the parenchymatous organs is met with on *post-mortem* examination. Of the diseases which interrupt the paresis, and cause death before the disease has reached the fourth stage, pyæmia, pneumonia, and colliquative diarrhœa, are the most frequent. Gangrenous destruction of the parts of the body exposed to more consider-

able pressure (the sacral region) is an almost constant phenomenon.\*

The course of the disease may extend from some months to three years. In rarer cases it may reach to five years, but scarcely ever exceeds that time.

The disease belongs especially to full manhood, and in normal cases is not developed before the age of thirty years.

It may in general be stated that it occurs in persons who have lived too fast, and have fallen victims to enervating excesses. It presents a ready picture of premature old age (*senium l. marasmus præcox.*)

France is the peculiar focus of the disease. The insatiable thirst after “*la gloire*” (outward distinction,) which there more commonly than in other lands distinguishes the struggling young man, causes him to bend the bow too tight, and thus to be suddenly interrupted in his career. Paris is the headquarters of the disease.

## II. FORMS OF THE DISEASE.

We usually distinguish two separate forms or types, under which paresifying insanity occurs, namely, the *expansive* and the *depressed* form; of which the former has four varieties, the latter two. (6.)

(A) *The expansive form* (*l'affaiblissement masqué*,) generally occurs in men, and is distinguished by,—

1. *The delusion of riches and greatness*, which gives the delirium a peculiar stamp. The false ideas are persistent, predominating, and of a progressive nature.

2. *Over estimation of one's own personality*; contentment and self-satisfaction; occasionally a rapidly transient expression of false ideas of riches and outward greatness.

3. *The notion of riches and greatness*, but with long intervals. The attacks supervene and disappear sometimes with the rapidity of lightning.

4. *A mixed expansive and depressed form*, with false ideas of riches and power.

\* Cf. Joffe, in “*Zeitschrift Wien. Aertzte*” 1857; 1, 2, 3, 5—1860.



(B) *The depressed form*, usually occurs among women and weak men.

1. *Melancholic type*.—The patient goes about with a depressed and sorrowful exterior, and when asked how he is, always answers, "I am exceedingly well." "First rate." Alternating delirium.

2. *Anæsthesia psychica*, characterized by a progressive decline of intelligence (stupidity).\*

Under whichever of the above-mentioned forms the general paresis may occur, it is always and constantly attended with motor disturbances.

### III. STAGES OF THE DISEASE.

We recognize paresifying insanity under four stages of development:

1. The stage of Mental Alteration.
2. The stage of Mental Alienation.
3. The stage of Dementia.
4. The stage of Amentia, the character of which is paralysis of the mind=Dementia completa.

#### 1. *The stage of Mental Alteration.*

(A) *Mental symptoms*.—The mind in this stage undergoes a change, the patient's conduct differing from what characterized him before his illness. The change affects especially the patient's temper, character, energy, and intelligence.

1. The *temper* is so changed that, from being comparatively lively, equable, gay, and steady, it becomes—*a*, irritable and impetuous; *b*, morbid, dull, and careless about everything relating to the patient's self and those about him; *c*, sorrowful; *d*, childish and rash. (7)

In the patient's mode of life the change described under *a* manifests itself by his becoming troublesome to those about him, causing them often to experience the outbreak of a certain choleric irritability ("*manie congestionnaire*," Guislain.)

\*To this belongs the seventh series of cases of *paralysie générale incomplète* in Calmeil—for example, No. 67. This is a very rare, and not generally recognized form.

His morbid apathy prevents the patient engaging in any regular occupation. He neglects his duty.\* His sorrowful humor gives rise to a retired and shy behavior. His childish want of thought makes him constantly fall into extravagance, and leads him into undertakings and affairs which threaten, and too often actually cause, both his own and his family's ruin. The patient's actions are characterized by *leniter in re, sed fortiter in modo*.

2. The *character* (moral faculties) is so altered, that it becomes degenerated (moral insanity.) The patient, even though he be a highly cultivated man, with fixed and settled character, becomes uncertain, dissolute, and dishonorable. He continues in the exercise of the duties of social life, but his surprised relatives mourn in silence over his indelicate acts, his dishonesty and debauchery. An honest man suddenly commits an open theft (8); so that he soon renders himself unfit for social life.

3. The patient's *energy* is changed, exhibiting a marked falling off. The power of deciding for himself diminishes; his acts are determined by external accidents; his conduct is so changed that from being steady it becomes extravagant.†

4. His *intelligence* is so altered that his power of criticism (judging of things in general) is diminished in comparison with its strength before his illness.

5. *Momentary absence of mind*.—The patient stops in the middle of a conversation, sometimes in the middle of a word, but continues, after some moments, the conversation from the point where the interruption occurred. He suffers, moreover, from a certain unusual dissipation of thought, and incapacity to collect his ideas.

6. *Forgetfulness* (=oblivion of what has just occurred.)—This is a constant and important symptom.

7. *Morbid mobility and disquiet* in the patient's whole conduct, occasioned by the mental change.

\* The representations of relatives against his irregular and whimsical mode of life have not the slightest effect ("l'apathie raisonnée.")

† See the foregoing note.



8. *Indifference* in general to the subject for which in health the patient entertained a lively interest.

(B) *Paretic symptoms*.\*—The patient's capability of executing detailed movements diminishes. Movements *en masse* are performed with full power. Failing precision and diminished power of combination in muscular movements set in early.

1. *Speech*.—Alterations of speech are the first pathognomonic symptom of paralysis. The articulation becomes thick, loses in distinctness and precision, and suffers from a certain inaccuracy. Difficulty in plainly pronouncing some more complicated words, abounding in consonants, sets in.

2. The patient's gait becomes uncertain and tottering. He walks with a feeble step.

3. The handwriting is changed, the usual rounding being wanting. It becomes streaky and scratchy. The patient can no longer with his hands exercise any movements of a more complicated nature and which require much precision.†

During this stage the patient experiences involuntary spasms in the muscles of the face, particularly around the angles of the mouth and eyelids and in the upper lip. Rapidly transient attacks of vertigo. The pupils exhibit a constant contraction, not yielding even to diminished access of light (pin-point pupils.) During the transition to the second stage maniacal seizures supervene (=“*manie congestionnaire*,” Guislain,) which, however, quickly pass off. In these attacks the patient is able to deal violent blows, &c., showing that in the strict sense of the word muscular power is not wanting, and that the muscles are not in themselves affected. Meyer has shown that in the attacks of mania occurring towards the close of the first stage, the temperature of the vertical region is exalted. (9) Usually it is not until maniacal attacks have set

\* The paretic symptoms in the first stage are only a bodily expression of the incipient paralysis of mind. The energy of the patient's movements is relaxed. The cause is central. Cf. *Gehirnlähmung*.

† All these signs are of importance, only by comparison with the practice in the use of his muscles which the patient had before his illness.

in that the patient is considered to be insane. He is now admitted into an asylum, and is in the stage of mental alienation.

## 2. *Stage of Mental Alienation.*

(A) *Mental symptoms.*—The distinguishing characteristic of this stage is the confusion which, in consequence of abrogated power of judgment, the patient makes between his ideas and his desires, or his desires and ideas; he can no longer distinguish between them; they are for him quite the same.

1. The stamp of decline and weakness in his psychical activity becomes more evident.

2. Mania, frequently under the form of the delusion of riches and greatness (= *monomanie des grandeurs*.)

3. More or less frequent maniacal attacks.

(B) *Paretic symptoms.*—The *speech* is not merely thick and stammering, but labored, and occasionally completely interrupted; the same syllable is repeated several times before the patient can articulate it. He stops short in the middle of a word, endeavors to pronounce it, but finds difficulty in doing so. He then becomes vehement, but the greater effort he makes to complete the enunciation of the word or sentence, the more impossible it seems to be. The movements of the tongue which, in the former stage, were unaffected, are now somewhat impeded; fibrillar spasms in the tongue are also observed.

2. The patient's *gait* is much more uncertain than in the former stage. He walks with yielding knees and a wide step, but does not on this account the less frequently knock his knees together. He is glad to use a stick, or endeavors to lay hold of something which may serve him as a guide. He never walks in the middle of a flight of steps.

3. *The movements of his hands* are more limited. He finds it hard at the first attempt to lay hold of what he wishes to seize. If he has succeeded in getting it, he retains it for a time, but soon relaxes his hold.



4. The patient's *figure* collapses and often becomes at the same time crooked.

During this stage the pupils are constantly unequally dilated. Sensibility is somewhat blunted.

The delusion of greatness (= *monomanie des grandeurs*) has by French writers been looked upon as a pathognomonic sign of developed general paralysis. This I consider not to be the case, for although the ambitious form of mental alienation is the most frequent, it does not constitute anything essentially fundamental in the morbid process itself. It is not this formal point of mental alienation which determines the disease, but it is the progressive diminution of mental energy, and the simultaneously diminished power possessed by the patient in the employment of his motor organs.

I consider the confounding of ideas and desires to be the characteristic element in the stage of mental alienation. The patient accidentally sees a well-known face. The sight has directed his thoughts to this person; thought and wish are the same. If he is confined, he endeavors forcibly to get out, for he wishes to meet the person in question. His unbridled fancy leads him to wish himself a millionaire, a king, &c.; the wish and thought are for him the same. He fancies he has millions and a royal crown. As reality is for the patient of subordinate, or rather, of no importance, he soon finds himself in fact\* a millionaire, a king, &c.

A persistent delirium belongs to this stage. That which it is of importance to bear prominently in mind is the gradual development of the false ideas until they have attained their culminating point. If the patient be a king, he becomes God, supreme God, &c. Another progresses from baron to count, king, emperor, &c. A poor person begins by suddenly finding that he is possessor of fifty or a hundred thousand rix-dollars; he soon acquires million upon million, &c. When the progression of the delirium has ceased, and the patient can no longer produce anything new, but lives exclusively upon the old stock of false ideas, he has arrived at the third stage.

\* For the paretic with mental alienation a fact—the object of their fancy.

In the transition to the next stage, apoplectic attacks occur as accessory phenomena, after which the patient's condition always declines considerably.

### 3. *Stage of Dementia.*

(A) *Mental symptoms.*—The characteristic of this stage is the patient's incapacity to produce new ideas. The delirium has from being more acute passed over to the chronic form.

1. The mind becomes gradually weaker, with a tendency to fully developed dementia.

2. Incoherent repetition of reminiscences from the false ideas of the preceding stage. It is, as it were, a mechanical repetition of isolated words or short sentences, as for example, "million;" "I am king."

3. Failing memory of the patient's past life.

(B) *Paretic symptoms.*—1. The power of speech is extremely limited. Towards the close it consists only in the muttering of thick indistinctly articulated noises (10.) The expression of the face is vacant. Now and then a silly leer plays over the patient's otherwise motionless features. There is difficulty in putting out the tongue.

2. The patient's gait is slow and dragging; his course is zigzag; in walking he turns in all directions. Towards the close he chiefly lies in bed, and, for the most part, on the back.

3. The relaxation of his hands has so increased that the patient cannot retain anything in them.

4. Involuntary discharges set in towards the close.

5. Hearing, and subsequently sight, diminish considerably.

Nutrition, which had hitherto continued undisturbed, rapidly diminishes, notwithstanding that the appetite is still voracious. Bed-sores form on the sacrum and hips. The sensibility is considerably blunted.

As accessory phenomena epileptic seizures (convulsions (accompanied with loss of consciousness) occur during and towards the close of the stage (11.) The patient usually succumbs in the course of this stage.

In some rare instances it happens, when the patient has



been nursed with exemplary care, that he survives to the fourth stage of the disease.

#### 4. *Stage of Amentia.*

This stage represents the highest possible degree of human degeneration. The man dies while still alive, for it is only the animal which breathes and assimilates. The patient has attained the stage of brutalization.

(A) *Mental symptoms.*—The senses have in this last stage of the disease ceased to discharge their functions; the patient can therefore no longer have any sensation. Psychological symptoms are consequently absent.

(B) *Paretic symptoms.*—These have attained their culminating point. The patient no longer possesses the power of speech. He is unable to walk, nor can he move from his bed. At last he cannot even change his position but lies motionless upon his back. He can take nothing in his hands. The masticating muscles are paralyzed. The food has to be thrust down to the commencement of the œsophagus. The muscles of the trunk are paralyzed, so that respiration becomes extremely slow. The movements of the thorax are scarcely perceptible. The impulse of the heart is feeble, and is observable only on accurate examination. The food often gets into the trachea, and suffocates the patient; or, in consequence of paralysis of the pharyngeal muscles, a larger or smaller bit becomes impacted behind the root of the tongue and compresses the epiglottis. The temperature of the skin is low. The bed-sores spread deeply, and often reach the subjacent bony parts.

A colored drawing of this stage would form a horrible picture. The wreck of the unhappy man lies dumb and immovable as a sack of flesh.\* The man is in the fullest sense of the word “out of his senses,”

Soon, however, death puts a long-wished for close to this extreme limit of human misery, as the patient is only a burden, a mass of fetid lumber here upon earth (12.)

\* “Comme une masse inerte.”—Guislain.

## II. DIFFERENTIAL DIAGNOSIS.

We must, in the first place, distinguish paresifying insanity from other forms of mental disease; afterwards from other non-mental diseases in which paralytic symptoms occur.

1. *Paresifying Insanity compared with other forms of Mental Disease.*

If the pathognomonic paralytic symptoms have been recognized, there can be no confusion; supposing that these have not been duly apprehended, the question remains, how far the disease may be diagnosed from the psychical symptoms alone. This can undoubtedly to a certain extent be done. I shall endeavor to describe the most important elements in the diagnosis.

I do not consider that in the first stage the psychical symptoms present any reliable resting-ground. In the second stage the delirium is not specific with respect to its form; for ambitious delirium occurs not unfrequently in diseases in general. But in this form of delirium, in other mental diseases, the false ideas are fixed and unchanging (Conf. T. Fixerwahn.) In paresifying insanity, the delirium is distinguished by an uninterrupted progress upwards to higher and more gigantic erroneous conceptions—in a word, it is a progressive delirium which is not met with in other cases. The character of confusion, or unity between ideas and desires, which I have stated as distinguishing the second stage, is peculiar to paresifying insanity. Mania paretica wants the character otherwise belonging to mania, of perfect intermissions. From the ordinary form of chronic dementia (=“*démence franche*”) it is distinguished by the fact, that in the latter the patients are perfectly silent, while paretics, on the contrary, rave incessantly. In other respects, the dissimilar courses of the diseases present a striking distinction between them.

2. *Paresifying Insanity compared with other non-psychical diseases in which paralytic symptoms exist.*

Under this head I shall speak only of apoplexy, chronic alcoholismus and paralysis from muscular atrophy.



1. *Apoplexy*.—In a slighter attack of apoplexy, where the paralysis affects the tongue, it is exclusively or predominatingly unilateral, on which account the tongue turns to one side when it is protruded. Hemiplegia, paraplegia, &c., present not the slightest similarity to general paresis, for in such cases the paralysis is complete in the parts of the body affected, and moreover is partial and not general.

2. *Alcoholismus chronicus*.—General paralysis has almost invariably been confounded with this toxical disease. Even in the present day French writers especially confound these diseases in consequence of insufficient acquaintance with chronic alcoholismus. (13)

The group of symptoms included under the denomination dementia paralytica belongs essentially to paresifying insanity, but it may also be met with in chronic alcoholismus, when the latter has attained a higher degree of development. A man may arrive at dementia in many ways; dementia with bodily paralysis he may reach especially through general paresis or chronic alcoholism. When the patient has already reached the goal, it may often be difficult to say immediately, from the existing symptoms, in what way he has attained to it; but when information is afforded as to the course of the disease, the decision is as easy as it is certain.

The principal feature of the differential diagnosis is to be found in the dissimilar starting-points of the diseases. General paresis proceeds from a morbid process in the fine membranes of the brain; chronic alcoholism from a general intoxication. In the former case the psychical symptoms occupy the first place: the degeneration of the mind tends to produce that of the body. In the latter, the paralytic symptoms are the first: the general intoxication of the body tends to the degeneration of the mind. The dissimilar etiological source of the diseases differentiates them in a decided manner. A person who has indulged in an excessive use of brandy at length becomes poisoned, and in consequence thereof, becomes the subject of chronic alcoholism, but never of paresifying insanity. If he has at the same time indulged in enervating excesses, partic-

ularly in those of a sexual character (14,) he may, in addition to his chronic alcoholism, acquire general paresis.

3. *Paralysis from muscular atrophy.*—This disease has been confounded with paresifying insanity. If this mistake is still made, it is attributable to deficient scientific knowledge in the physician. The diseases have this in common, that in both, progressive paralytic symptoms proceeding from the muscular system occur (*paralyse progressive.*) In other respects they are wholly dissimilar. In the one the seat of the disease is in the brain; in the other it is in the muscles. Paretic patients may, under the influence of delirium, employ their muscles in a very violent manner; such a patient may dash in pieces the door of the room in which he is confined. A person suffering from paralysis from muscular atrophy does not rave, and, in consequence of the degenerated state of his muscles, cannot be violent.

### III. PATHOLOGICAL ANATOMY.

I shall include the description of the pathological anatomy of the disease under four divisions, each being referable to a corresponding symptomatic stage:

1. *Leptomeningitis chronica* (16) (=the stage of mental alteration.)

2. *Periencephalitis chronica diffusa* (=the stage of mental alienation.)

3. *Degeneratio substantiæ corticalis cerebri* (or *marasmus substantiæ corticalis* =the stage of dementia.)

4. *Atrophia vera substantiæ corticalis cerebri* (=the stage of amentia.)

That the disease commences with leptomeningitis of a chronic nature is proved by the fact, that in the cases where the patient dies in the stage of mental alienation, signs of a still persistent or recently terminated inflammatory process are met with in the pia mater (=lepto-periencephalitis.\*) If the patient dies in the third or in the beginning of the fourth stage, we constantly observe a change in the pia mater, the

\* A contraction of lepto-meningo-periencephalitis.



result of a preceding leptomeningitis. The process indicated under 2, is recognizable by the increased volume (*“trübe Schwellung”*) of the cortical substance of the brain. The degeneration referred to under 3 has been demonstrated by Rokitansky. The atrophy mentioned under 4 is discoverable principally by the circumstance, that when the patient has lived to the commencement of the fourth stage, the most superficial portion of the cortical substance, corresponding to the lamina nervea in the healthy condition, is changed into cicatricial tissue, giving the sensation, on feeling with the point of the finger the now nearly obliterated surface of the convolutions, of a firm brain, and of a certain fluctuation of the subjacent dissolved cortical portion.

The honor of having demonstrated the anatomical changes in paralysis with mental alienation belongs to the Vienna school (Wedl, Rokitansky.)

K. Wedl† has in every case of general paresis demonstrated an hypertrophy of connective tissue in the small arteries and veins in the pia mater and cortical portion of the brain. On the outer wall of the vessel is a hyaline, imperfect layer of connective tissue studded with partly scattered, partly grouped oblong or rounded nuclei. This layer of connective tissue, projecting over a greater or less extent of the vessel, undergoes, with the nuclei occurring in it, in the direction from without inwards (from the periphery of the vessel towards its centre) a fibrillar change. The veins of capillary structure cannot resist the pressure, but are also drawn into this process, and are completely obliterated, and changed to corresponding bundles of fibres. The abnormal layer of connective tissue not unfrequently serves as a seat of deposit for finely divided olein and amorphous calcareous salts, while in other places calcareous depositions take place in the inner elastic and muscular layer. The small and slender cerebral vessels thus calcified can, on section, be observed in the cortical substance as a number of needle points. Wedl endeavors to explain the adhesion of the superficial layer of the cortical substance

† “Beiträge zur Pathologie der Blutgefäße.” Wien, 1859.

to the pia mater by the penetration of the grouped nuclei in the adventitious membrane of the pia mater to a certain depth into the cortical substance. When the pia mater is separated, a layer of the softened cortical substance often accompanies it, corresponding to the depth to which the nuclei have penetrated.

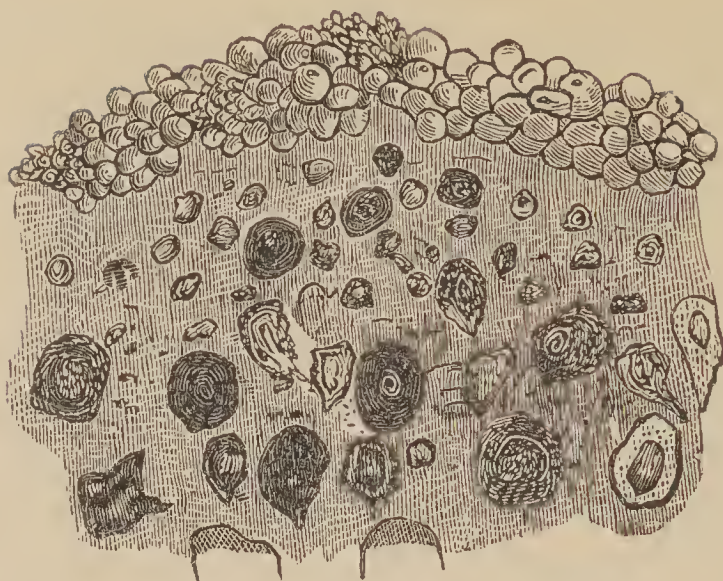
The complete obliteration of the calibre of the small veins caused by this degenerative process, demonstrated by Wedl, must give rise to a considerable obstruction to the circulation both in the pia mater, and subsequently in the cortical substance of the brain, with consequent ischæmia;\* to stasis, pressure, irritation, and inflammation. All this produces a progressive aggravation of the cerebral symptoms, and disturbs the nutrition of the cortical substance.

Rokitansky† has, in all genuine case of paresifying insanity, demonstrated a considerable increase of the connective tissue enveloping the cortical elements. The pathologically augmented connective tissue is at first of a tough and viscid nature, and imparts to the cortical substance a somewhat looser consistence than exists in the normal state. The connective tissue subsequently, in the course of the disease, assumes a harder and more fibrous form. This excessive formation of connective tissue causes the breaking-up of the nerve-tubes. Those are first attacked which constitute the lamina nervea covering the cortical substance of the brain; afterwards those which horizontally traverse the same and separate the several layers of cortical substance; lastly, the degeneration attacks also the nerve-tubes, passing singly through the grey substance. The nerve-tubes broken up by the pathological process, are changed into colloid or amyloid granules (granular cells, granular bodies,) which are met with in variable quantity in the extending connective tissue. The ganglionic cells of the cortical substance are often found dissolved, and in a state of colloid degeneration. See the subjoined woodcut (after Rokitansky):

\* Virchow—*τοχω*—to check.

† "Ueber Bindegewebeswucherung im Nervensysteme." Wien, 1857.





Colloid (and amyloid) metamorphosis of the cortical substance in the person affected with paresifying insanity. The pia mater is represented as separated with loss of a portion of the cortical substance. In the cortical substance, the superior white filamentous layer (lamina nervea) is replaced by a layer of colloid corpuscles of various sizes; under this separate colloid granules lie in a mass studded with numerous granular nuclei. Lower down are ganglionic cells swollen or changed to colloid bodies.

The cortical substance has split asunder, and (in the third stage) yields to the least touch. In the transition to the fourth stage, the superior layer (corresponding to the lamina nervea in the healthy state) is in a firm and tough condition. The inferior layers still retain their pappy and soft state. The convolutions are now nearly obliterated, and the mass of the cortical substance is diminished in volume.

In consequence of this pathological process, set in action by ischæmia, determination of blood, hyperæmia, or inflammation, the grey cerebral cells become destroyed, and changed to an inert mass.

The constant changes met with in every well-marked case of fully developed *insania paresans*, are :

1. In the *arachnoid*, results of previous inflammation in the form of condensation, diminished transparency, &c.
2. In the *pia mater*, results of previous inflammation appearing as opacity and condensation of the vascular membrane.
3. In the *cortical substance*, the consistence is looser than is normally the case. It is often pappy and soft.\*

\*When the patient has died in the beginning of the fourth stage, the cortical substance may appear resistant, and normal to the touch. The most superficial layer must in that case be removed, before the dissolved state of the subjacent tissue can be observed (17.)

In addition we frequently have :

4. In the *dura mater*, results of previous pachymeningitis exhibiting themselves in adhesion of the membrane to the inside of the calvarium, thickening, &c.

5. In the *calvarium*, thickening and hyperæmia.

6. In the *sac of the arachnoid*, effusion of variable nature.

7. *Pia mater*, often ultimately connected with the cortical substance.

8. In the *ventricles*, more or less abundant serous effusion. If the changes enumerated under 1, 2, or 3, are not met with, the patient has had some other disease than *insania paresans* (18.)

#### 4. *Essential Nature of the Disease.*

The disease, whose pathological elements I have above described, is a mental disease, and has all the characters pertaining thereto (*insania*.) It is an independent form of mental disease, for it has signs, both symptomatic and anatomico-pathological, belonging exclusively to itself. These are principally mental and paralytic symptoms, going hand in hand, and being progressively developed, with a dissolved state of the cortical substance.

Mental disease, whose expression is a disturbance in the action of the human mind, cannot exist without a morbid change in the organ of mental activity, viz: the brain. In this change science must seek the cause and essential nature of the disease in an anatomico-pathological point of view.

Two views have been entertained with respect to the essential nature of the disease, namely, the French and the German.

1. *The French view* regards paresifying insanity as an inflammatory disease, arising as the result of irritation produced by repeated congestions, and causing a disorganizing inflammation. The anatomico-pathological names given by French writers to the disease refer exclusively to this theory, as for example, Bayle calls it *meningitis chronica*; Calmeil makes it a *peri-encephalo-meningitis chronica diffusa*; Bel-



homme calls it *meningo-cerebritis*; while Parchappe has proposed to term it, *cerebritis corticalis generalis*.

2. *The German view* declares the disease to depend, as is shown by demonstrated facts, upon obstructions produced in the vascular walls (in the pia mater and cortical substance) by degeneration (hypertrophy;) with their results, ischæmia and inflammation. The primary cause, therefore, is degeneration of the vascular walls. Hence proceeds derangement of the circulation, with its consequent disturbed nutrition. The secondary cause is a spreading and destructive excessive formation of connective tissue in the cortical substance, leading to the destruction of nerve-tubes and nerve-cells.

As long-continued cerebral hyperæmia may exist, without being attended with degeneration in the vessels of the pia mater, and excessive formation of connective tissue, it is clear that something more must also be present. This additional element is supposed to constitute the peculiarity of the disease, and to be of a degenerative nature (19.)

The diffuse periencephalitis (general paresis) presents incontestably a striking analogy to diffuse nephritis (=morbus Brightii.) The former is anatomically characterized by a degeneration in the tissue of the cortical substance of the brain, destroying the nerve-tubes and nerve-cells. Clinically, it is characterized by a profound alteration in the function of the cortical substance of the brain. The latter is anatomically characterized by a degeneration of the tissue of the kidney, and by alteration in the urinary canals and Malpighian bodies. Clinically, it is characterized by a profound change in the function of the kidneys. In both diseases we observe stages of hyperæmia, increase of volume, degeneration (softening) and atrophy.

In the present state of science we must lay it down that the disease we have been considering consists essentially in a *degenerative process in the adventitious membrane of the vessels of the pia mater, and in the tissue connecting the elements of the cortical substance of the brain (neuro-glia,\*) which*

\*γλτα=glue.

*degenerative process, in its development, causes the change of the grey cerebral cells into an inert mass.*

When the disease has attained its climax, the use of the animal muscles is completely abolished, and the vital process is deprived of mind—*anima*—(20.)

#### APPENDIX AND REFERENCES.

1. The disease is thus called in the Asylum for the Insane at Prague. See Fischer, "Pathol. Anatom. Befunde in Leichen v. Geisteskranken." Lucern, 1854. This essay contains a review of the pathological changes in 318 bodies of insane patients who died in the asylum between the 18th of April, 1849, and the 30th of June, 1852. The *post-mortem* examinations were made under Professor Engel's superintendence. The results at which the author arrived are not very decisive.

2. This denomination has been proposed by Dr. Kjellberg, in his "Clinical Lectures on Diseases of the Mind," delivered at the Central Hospital, at Upsal, in spring term, 1861.

3. French medical literature of late years abounds in works upon general paralysis. In English there is only one separate work upon the subject, namely, Austin "On General Paralysis;" London, 1859. In addition, we have papers by Dr. Conolly, in the 'Lancet' for October, 1849; Dr. Skae, in the 'Edinburgh Medical Journal' for April, 1860; and Dr. Harrington Tuke, in the 'Asylum Journal' for October, 1859. Of German authors, Dr. Joffe has written best on the subject.

4. Calmeil, 'Traité des Maladies inflammatoires du Cerveau,' tome i, p. 484. Paris, 1859.

5. This term is borrowed from Florman. See his "Systema Cerebro-Spinale," p. 71. Lund, 1830.

6. The following classification is chiefly after Brierre-de-Boismont. Compare his paper read before the Academie des Sciences on 24th September, 1860, and reported in the 'Annales Med. Psychol.' 1861, p. 89.

7. "Childish manners contrasting with the habits of the



subject. The normal man disappears; it is the child who exhibits himself." (Guislain. '*Leçons Orales*,' p. 339.)

8. "Every physician who has devoted himself to the study of mental affections has confirmed the fact of the existence of this tendency to theft in individuals laboring under general paralysis. But I have thought it useful to endeavor to make it as publicly known as possible, inasmuch as in courts of justice the presence of general paralysis is often overlooked, not only in its commencement, but even at an advanced period of its development, when there is not mere evident weakness of the intellectual faculties, but even thickness of speech and great difficulty in the articulation of words." (Dr. Sauze, "*Observations de Paralytiques condamnés pour vol*." '*Annales Med. Psychol*,' p. 54. 1861.)

9. See '*General Progressive Cerebral Paralysis, a Chronic Meningitis*'—('Die Allgemeine progressive Gehirnlahmung, eine chronische meningitis')—A clinical essay, by Ludwig Meyer. Berlin, 1858.

10. Last autumn I saw in the Asylum for the insane at Aarhus, a patient at the termination of the third stage of paralytic insanity lying in his bed, and mechanically muttering the following sounds: "Hjoonn," "Khoonn," forming a bad substitute for the words, million, king (Konge).

11. "Almost invariably the last moments of the life of paralytic patients are attended with convulsions." (Esquirol, '*Maladies mentales*,' ii, 264. Paris, 1838.)

12. The fourth stage calls to mind the description of extreme old age given by the Swedish poet Stjernhjelm, in his "*Hercules*."

13. Morel, in his '*Traité des dégénérescences de l'espèce humaine*' (1) (Paris, 1857), says, in reference to this point, that since Huss's description of alcoholism, there ought to be no confusion between the latter and general paralysis.—"When medical observation has succeeded in elucidating as happily as the learned Swede has done, one of the departments of science, it is perfectly useless to question the results of works

so conscientious. . . . It is no longer possible for us in the present day to confound chronic alcoholism with other idiopathic affections of the brain and spinal cord. The general progressive paralysis of the insane, when it has reached its ultimate limits, is, perhaps, the only affection, the differential diagnosis of which presents some difficulty," (pp. 79. 94.) The knowledge of chronic alcoholism has of late years begun to spread among French physicians, but is still far from being so general as would be desirable and necessary. Conf. "L'alcoolisme considérée à Charenton" ('Annales Med. Psychol.,' p. 565, 1859;) and Thomeuf, 'De la Folie alcoolique,' Paris, 1859. Erlenmeyer—'The Cerebral Atrophy of Adults,' ('Die Gehirnatrophie der Erwachsenen;' Dritte Aufl., Neuwied' 1857)—says in his introduction:—"A condition which might *sometimes* be confounded with it is chronic alcoholism, of which Huss has given so masterly a description." The differential diagnosis between paresifying insanity and chronic alcoholism presents such a great abundance of interesting and, in a purely pathological aspect, important points, that it well deserved to be made the subject of a separate essay. The French writer on paresifying insanity who in my opinion, is clearest on the difference between the latter and chronic alcoholism, is Jules Falret. But he too has "run over the numerous cases contained in the work of Dr. Huss" (Jules Falret, 'Recherches sur la Folie paralytique.' Paris, 1853. Section on 'Paralysies alcooliques,' pp. 107, *et seq.*)

14. "Sexual excesses have an especial tendency to terminate in general paralysis." (Guislain, 'Leçons Orales,' ii.p.64.)

15. In Lunier's book, 'Recherches sur la Paralysie générale progressive,' Paris, 1849, most of the cases are either muscular atrophy with paralysis, or chronic alcoholism. Only exceptionally has the author met with a pure case of paresifying insanity.

16. This expression is employed by Lebert ('Praktische Medicin,' ii, p. 440)—λεπτος=thin, fine, delicate.

17. In every *post-mortem* examination of paresifying insanity, I consider it to be indispensably necessary that the cortical



substance of the brain should in the first place be the object of a special and careful microscopic investigation. At the same time microscopic examination ought not to be neglected. Parchappe says on this subject :

“ Several times, if I had trusted to simple appearances, and if I had confined myself to ordinary modes of examination, I might have overlooked the existence of the characteristic alteration. The meninges were healthy ; they separated from the surface of the brain without producing that decortication which usually reveals, on the slightest traction, the state of softening of the cortical layer. The surface of the brain was not altered in color, its consistence appeared to be even increased. The brain, cut into slices, appeared perfectly healthy ; but a more accurate examination, and the adoption of a more efficacious mechanical proceeding enabled me, in these cases, to establish positively the softening of the cortical layer in its middle part. The handle of a scalpel, gently insinuated into half the thickness of the layer, succeeded, on cautiously raising the external portion of this layer, in detaching it through an extent greater than that in which the action of the instrument took place, and in this manner I obtained the decortication so easily effected, in the great majority of cases, by simple traction of the membranes.

“ The efficacy of this manoeuvre in demonstrating the reality of the existence of softening, is exhibited also in ordinary cases where decortication is produced by simple traction of the membranes. It is on a level with the free margin of the convolutions that this result is obtained. But it would be a great mistake to admit in these cases that softening exists only where decortication is produced by traction. Softening of the cortical layer exists also very decidedly in many points of the parts of the convolutions corresponding to the anfractuosities and of the free margin of the convolutions, whence the membranes are detached without causing decortication. In all these points it is by raising with the handle of the scalpel the external portion of the cortical layer that we can establish on the fullest evidence the existence of softening.

“ I believe that the instances of perfect integrity of the

cortical layer of the brain in paralytic insanity, which have been adduced, are to be explained either by an error of diagnosis during life, or by the inadequacy of the mode of investigation after death."

The same writer further observes:—"As to the appeal which has been made to the microscope, as the only means of satisfying science upon the question of the seat of the general paralysis of the insane, I believe I may affirm, that for the solution of this question, its employment is not indispensable. Doubtless, we may expect from microscopic observation much information and many advantages. I am convinced that microscopy will confirm, and it seems it has already confirmed, the inflammatory nature of the alterations of the cortical layer in the general paralysis of the insane." (Parchappe, 'De la Folie paralytique,' pp. 17, 18. Paris, 1859.) In the estimate of the importance of the microscope with reference to our knowledge of paresifying insanity put forward by the author I cannot participate. The microscope has already proved the necessity for its intervention; without it, science had still remained ignorant of the change in the vessels of the pia mater. Without the microscope nothing would have been known of excessive formation of the connective tissue of the cortical substance.

18. In this section only the substance of the subject matter has been put forth; all which is not plain matter of demonstrated anatomico-pathological fact is excluded.

19. Delasiauve has anticipated the degenerative nature of the disease; he assumes "un germe détériorant à évolution fatidique," Conf., 'Annal. Med. Psychol.,' p. 480, 1860. Wedl has demonstrated the degeneration. Calmeil considers that the disease is not of a degenerative nature.

20. I have in this essay employed the word *mind* (*sinne*=*anima*; *sensus intimus*), in the same sense as French writers employ the expression "*sens intime*." Conf., the title to Lordat's book 'De l'Insénescence du sens intime,' (= on the perpetual youth of the mind.) *Animus* signifies spirit, soul in the higher sense; Ger. Geist. *Animus* is a spiritual and



not a carnal idea. Of disease of the *animus* or soul we cannot speak in a medical or scientific sense. The circumstances which surround the soul fall within the range of speculative science, and belong not to medicine in the scientific signification of the word.

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### CASES OF GENERAL PARESIS: POST-MORTEM APPEARANCES.

The following notes of the *post-mortem* appearances in four cases of General Paresis, are taken from the clinical records of the New York State Asylum. Although, perhaps, of negative value only, they may be interesting in connection with the valuable paper by Dr. Salamon :

*Case 1.*—J. D., cabinet-maker, aged 38, of intemperate habits, entered the asylum on the 18th July, 1854. He had then been insane for six months ; “had been strange in his appearance and talked foolishly,” had manifested exalted delusions respecting property, and had an impediment in his speech. When admitted was, apparently, in good physical health, was rapid and skilful at his handicraft, which he pursued for several months in the asylum work-shop. During the fall he was attacked with epileptiform convulsions, accompanied by maniacal excitement. One of these attacks was attended by Hæmatoma Auris. The paroxysms subsiding, left him with marked paralysis of the lower extremities, greater difficulty of speech and deglutition, and more prominent delusions of wealth, power, and happiness. By the spring of '55 he had so far improved that he could dress himself and take out-door walks. The following summer he emaciated, but was free from maniacal attacks. With winter the paroxysms returned, but the excitement was of transient character, and the intervals characterized by greater mental and motor impairment. In the spring of '57 the stage of dementia was reached, and from this time until his death in June '58, he

was bed-ridden, and presented the usual characteristics of the concluding epoch of this disease. It is a curious circumstance, that on the day preceding death, Hæmatoma Auris again occurred, and this time in both ears; the cysts forming simultaneously and within a few hours.

*Head and spinal cord examined.*—The white and grey substance of the hemisphere generally presented a healthy appearance. There was some clear serum in the lateral ventricles, and a considerable collection also of serous fluid, strongly tinged with blood, in the cavity of the spinal sheath. The bloody exudation here had the appearance of a *post-mortem* transudation. The meninges of the spinal cord were also stained of a reddish hue, apparently from the same cause. Otherwise, the meninges, both of the brain and spinal cord, were natural.

There was a very remarkable induration of the substance of the tuber annulare, on each side of the median line, which could be easily traced by the fingers, and even resisted distinctly the edge of the knife. This induration was not situated in the superficial layer of transverse fibres, forming the pons Varolii, but deep in the substance of the tuber annulare, and occupied precisely the tract of the anterior columns of the cord, as they pass upwards from the medulla oblongata towards the crura cerebri. There was a similar induration of the two olivary bodies, even more strongly marked than that of the tuber annulare. The anterior pyramids were not indurated to any appreciable extent, and the remainder of the medulla oblongata and spinal cord were unaltered in consistency and texture. The induration of the nervous matter was not accompanied by any fibrinous or purulent effusion, or by any appearance of an inflammatory character. Microscopic examination of the parts above-mentioned, showed the natural elements of the nervous substance, both white and grey, presenting a normal appearance. In the substance of the tuber annulare there were some fatty granules and oil drops, but not very abundant. Weight of brain was two pounds and ten ounces.

*Case II.*—J. C., music teacher, aged 34, for several years past had been intemperate and had practiced vicious habits. Admitted to asylum July 14, 1856. Had then been six months



insane. Patient entered the ward for convalescents, where he behaved with propriety. He soon evinced inordinate eating propensities, and laughed and talked boisterously, engaged eagerly in the musical entertainments and amusements of the patients, rarely alluded to his delusions in conversation, but filled letters with extravagant descriptions of his wealth and future expectations; was very particular as to his dress and personal appearance, and often surveyed himself complacently in the mirror. He soon exhibited slowness of utterance and unsteadiness of gait. He generally occupied a seat with the choir in the chapel, but found much difficulty in applying words to music. In October '57, fifteen months after admission, he had an epileptiform convulsion. These seizures recurred at short intervals, and were attended by transient excitement or bewilderment. The ideas became more expansive, and the paralytic phenomena more noticeable. By August, '58, had become quite demented. In September, was unable to walk, lost control over sphincters, was deficient in power and consentaneous action in upper extremities. His appetite was good. During the following month, he emaciated, and was singularly wakeful. On the 2d of November, he appeared brighter, attempted to converse in a lively way, called for a bottle of wine, exhibited less difficulty of articulation. During the morning of the 3d, appeared much as on the 2d—he talked, eat well, and his pulse was of good strength. Later in the day he had an epileptiform seizure, with slight muscular tremors and contractions of extremities and about mouth, face drawn down towards left shoulder, pupils unaffected. The following day his condition was the same—mouth firmly shut, eyes fixed and staring. He died on the 5th.

*Examination of brain.*—The entire brain has a strongly marked dusky or cineritious look, not owing to any venous congestion, but apparently due to a change in the color of the brain substance. There is no unnatural appearance about the meninges. There is a little more serum in the ventricles than usual, but not enough to exert any serious impression on the brain. The consistency of the external portions of the encephalon is natural, except in the olivary bodies on each side

the medulla oblongata, and in the tuber annulare on each side of the median line. At these situations there is a well-marked hardening rather less pronounced than in *Case I*, but still very distinct. On cutting open these parts there is, however, no unnatural appearance appreciable to the eye, and the microscopic anatomy is also normal so far as can be ascertained; no fatty degeneration, no morbid growth, no perceptible alteration of nerve-fibres or cells. There is no hardening of anterior pyramids as in *Case I*. The hardening in tuber annulare is not superficial, but deep-seated. In the cerebellum the distinction in color between the inner and outer layers of grey substance is exceedingly well-marked, but microscopic appearances here also, present nothing abnormal. White substance, both of cerebrum and cerebellum generally, natural in color and consistency, but there is some softening (not excessive) of fornix only.

*Case III.*—W. M., aged 41, merchant, temperate habits. Admitted October 13, 1857. One year before, while in Germany, he began to make improper purchases of goods, in selling was careless as to security for payment, and speedily involved himself in financial ruin. Had a period of depression lasting two months, during which he drank to the extent of four or five bottles of champagne daily. Was careless in dress, wandered about from place to place, and was at last sent to the asylum at Wurtemberg. There he remained four months and left “unimproved.” Two months ago he came to America, and has since been quiet, free from excitement, indifferent to his family and himself. Has manifested gradual impairment of speech, and his gait has at times been feeble and paralytic. He has, however, had no convulsion or paroxysm, and general health has been well sustained. The delusions are of an exalted nature; he desires to return to Germany where an inheritance of *millions* awaits him, and will start off by day or by night to take the nearest road to his Germany, which he thinks a few hours travel on foot will enable him to reach. His present state is one of paralytic dementia. He manifests a feeling of great comfort, but has no appreciation of distance



or time, and his memory is impaired. The left pupil is more dilated than the right, the left side is weaker, and he grasps more feebly with the left hand. Soon after entering the asylum he was seized with epileptiform convulsions. These recurred from time to time, and were accompanied rather by transient cerebral erethism than by true maniacal excitement. He gradually sank into a condition of more profound mental degradation and paralysis, and died in September, 1859.

*Examination of brain and spinal cord 72 hours after death.* Slight putrefactive odor. Superficial redness over lateral parts of middle lobes of both cerebral hemispheres—most marked on left side. This redness apparently due to a *post-mortem* settling of blood in the parts. No coagula or other unusual exudations about surface of brain. Arachnoid of natural moisture and polish; no marked opacity or thickening any where; brain everywhere firm to the touch externally, excepting just at junction of middle and posterior lobes; here it is a little soft and yielding. Under surface of brain, has a more distinctly putrefactive odor, and projecting portions of anterior and middle lobes inferiorly, have a greenish slate color. Vessels of pia mater, internal carotids, and other arteries at base of brain, have a natural appearance. On slicing brain from above downward, its cut surface has a very distinct *dusky* or *slaty* hue, which becomes lighter and more fresh colored after a few moments exposure to the air. Substance of cortical medullary portion quite firm to touch, *remarkably so considering* the commencing stage of putrefaction. Corpora striata, optic thalami, and other central parts of brain not altered in consistency or external appearance. In *corpora striata* and *optic thalami*, on both sides, many of the minute arteries and capillary blood-vessels had undergone advanced fatty degeneration. This degeneration was confined to isolated spots and streaks in the vessel, and many of the vessels were entirely free from it for a considerable part of their length, but it was still very abundant in the parts above mentioned. Fatty degeneration of the blood-vessels was not found in any other situation, though it was looked for in the

hemispheres, tuber annulare, olivary bodies, crura cerebri, cerebellum and spinal cord.

Tuber annulare very firm in consistency, as were also the olivary bodies. Corpora pyramidalia, rest of medulla oblongata and whole of cerebellum rather soft.

Spinal cord, pia mater, and surface of cord natural in cervical portion, but of a deep permanent dark *slaty or blackish color in dorsal portion, particularly on posterior aspect*. In lumbar portion dark red posteriorly, as if from post-mortem settling of blood. No thickening or exudation. Anterior surface of cord tolerably healthy in appearance. Cord divided transversely in thin sections throughout its entire length showed no unnatural appearance, either to naked eye or to microscopic examination.

*Case IV.*—J. McG., aged 29, mason, habits intemperate. Was observed to be confused in his manner and unable to apply himself to his work, in March, 1861. Had since grown steadily worse, but without at any time manifesting excitement. There is no account of a convulsive attack, although his mouth on one side is drawn down. When admitted to the asylum, September 9, 1861, he was demented, indifferent to matters of interest, had a pleased, self-satisfied expression, a hesitancy in his speech, and defective coördination of movements. This state continued without notable change until September of the following year, when a slight, transient paroxysm of excitement ushered in a state of greater mental and motor impairment. From this time until his death, Feb. 9, 1863, frequent epileptiform seizures occurred and were followed by more or less profound stupor and paralysis.

*Post-mortem examination of the brain.*—There was evident thickening of the dura mater, as compared with the dura mater of a healthy brain examined at the same time. Thickening and opacity of the arachnoid everywhere existed, but especially distinct where the membrane was stretched over the anfractuositities of the cerebral hemispheres. On raising, or attempting to raise the arachnoid from the brain, it appeared unusually adherent, and the cerebral substance was lacerated and clung to the membrane. There was an abnormal degree



of congestion of the superficial vessels, and a marked injection of the vessels of the pia mater. The consistence of the brain seemed natural.

The vessels of the pia mater were very carefully examined with the microscope, and in order to appreciate more accurately the microscopical appearances, the brain of a sane person who died of phthisis pulmonalis was procured for the sake of comparison. Repeated examinations of the arteries, veins and capillaries from the pia mater, and the superficial layers of grey matter of the brain, failed to discover the hypertrophy of the connective tissue which Wedl describes. The obliteration of the capillaries and their change into corresponding bundles of fibre could not be detected, nor any approach to such change. The fatty and calcareous degeneration of the capillaries was not nearly so extensive as in the case of the phthisis patient, whose cerebral functions until the last day of his life were unimpaired. The changes which Wedl describes as affecting the nerve-cells and fibres, this examination did not confirm. There did not seem to be any abnormal appearance in the cerebral tissue.

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## INSANITY AND INTEMPERANCE.

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BY ANDREW McFARLAND, M. D.

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Among the problems of psychological science which remain to be solved, is, such a discrimination between the manifestations of mental disease and some of the effects of the habitual use of diffusible stimulants as will render reasonably clear the administration of justice in criminal courts. It is not merely with the broad resemblances between insanity and drunkenness that we have to deal, in some of the cases which occur; not the question how far a fit of intoxication renders the individual irresponsible for what he does; but we sometimes have the two states conjoined in the same individual, each with its liabilities and immunities, making a skein of commingled guilt

and irresponsibility, which science must disentangle. We must sometimes throw so much light on the tissue of testimony held up before us, that amid all its intertwinning, what is the indelible coloring of disease, and what the transient stain of a vicious habit, shall at once appear. The task is a difficult one, requiring a nice analysis of their differences, and such a bold separation of them that justice may plainly see where to strike.

In two instances, within the last year, the subject of insanity in connection with the excessive use of stimulants, has presented itself in the courts of Illinois, where the two conditions could be viewed in their relation to each other.

The first case, *Keenan vs. Van Horn*, had little of interest, except for the decision rendered, which goes somewhat to open an enlightened procedure in such cases. In this case, suit was brought by the complainant, Margaret Keenan, to recover possession of certain property conveyed by her husband during his life to Van Horn, while incapable of so doing, by reason of mental disease.

The deceased was long in the habitual and excessive use of ardent spirits, resulting finally, as was claimed, in permanent mental disease. The testimony, which was very voluminous, proved that for fifteen or twenty years, he had been a common drunkard, that his propensity for such indulgence grew more inveterate, terminating at last in his death from dropsy and general decline. Toward the last of his life he had abandoned his family and taken up his residence with Van Horn, to whom he conveyed his homestead and other effects without adequate consideration.

The allegation of his incompetency rested chiefly on certain distinct and strongly marked peculiarities, which always attended him when under the influence of liquor. At such time he fancied himself a military commander, styling himself "Capt. Rock," and would spend many successive days and nights in giving the word of command to imaginary companies of soldiers, whom he extemporized out of sticks of wood, stumps of trees, &c., and that his fits always took that form and no other. At such times it also appeared that he



had no adequate idea of the value of money, but spent it lavishly in buying articles for which he had no use, or which he gave away to persons in whom he had no interest. Testimony as to his condition during the intervals between his fits of drinking was somewhat conflicting, though the weight of it seemed to be that, with the exception of his faculties being somewhat blunted, there was nothing very different in him from other men.

In this case it was held that the unvarying recurrence of the mind of the deceased to certain fixed and unchanging delusions, was evidence, notwithstanding the occasion of such delusions may have been induced by indulgence in liquor, that there was radical mental impairment, that there was a difference in his peculiarities from the ordinary phenomena of the drunken fit, the aberrations of the latter being more general or diffuse, and not commonly attended with such special delusions as was shown always to exist in this case. The liquor was claimed to act in this instance upon certain always present, though latent, diseased mental traits—something like the effect of a varnish upon the grain of a wood—bringing into view what was before invisible, though none the less present.

Judgment was rendered for the plaintiff in this case, from which an appeal was made to the Supreme Court, which, however, sustained the decision.

It must not be understood that those general but always appearing traits which some persons exhibit when inebriated, are included in this view. Some men, for instance, are always dignified, some quarrelsome, and some amorous when in their cups, and some indeed, like Mr. Snellicci, pass through all those stages in the course of a single bout. A difference will be recognized between this exhibition of some general trait, and that taking up of a special idea, which was held, in this instance, to be indicative of fundamental impairment of the intellect.

This case is cited rather by way of introduction to another of much greater importance, in which this distinction is more clear, and becomes more necessary.

William Hopp was tried for the murder of his wife before the Circuit Court of Cook county, in December last, Judge Manierre presiding. The trial was protracted, excited deep interest, and has points well worthy professional attention.

Hopp is an Englishman, who came to this country with a younger brother, and settled near the head of Lake Champlain, in Vermont, perhaps thirty years since. Testimony of importance, in regard to the insanity of his mother and his aunt, was ruled out of the proceedings, as technically inadmissible. After residing some time in Vermont, both brothers moved to Illinois, and settled some twenty miles from Chicago. It was proved by the prosecution, by way of derogation of the character of Hopp, that while living in Vermont, he was engaged in smuggling goods across the Canada border. But all testimony in regard to him, since residing in Illinois, showed him strictly upright in every business transaction, and somewhat punctilious in matters of honor and veracity. By great industry and thrift, he acquired a handsome property, and was living, at the time of the homicide, in a style much above the average of his neighbors. It may be mentioned that Hopp had always used ardent spirits freely, though not regarded as an intemperate man. Some years after coming into the State, the younger brother became incontestably insane, and still remains so, though residing with, and cared for by his brother.

Twelve years ago William Hopp, while repairing a bridge, was exposed for several days in succession to a thorough wetting, and an obstinate dumb ague was the consequence. At this distance of time it is impossible to get at the exact state of his mind during this illness. But it appears that, while still suffering under its effects, he had a trifling difficulty with one of his neighbors, whose horse had died while in his (Hopp's) hands, though in no way made diseased by any labor or ill usage. After some dispute an arbitration followed, in which it was decided that Hopp should pay half the value of the animal. He appeared unusually disturbed by this transaction; his mind seemed to dwell upon it to the exclusion of almost everything else. He fancied it not less an act of injus-



tice than an imputation upon his personal honor. What increased his vexation was an idea that his wife was indifferent to his interests in the transaction; and this impression finally changed into a conviction that she was in complicity with the arbiters who had made the decision.

From this period commenced a course of personal abuse, occurring in paroxysms, in which he charged her with unchaste conduct, at first with these particular parties, and at length with a prostitution almost indiscriminate. It may be mentioned that no woman could exist in whom such accusations could be more unfounded. These periods of abuse were strictly periodical, leaving him, during the interval, affectionate and considerate as other men. But they increased in frequency and length, sometimes continued with hardly any cessation for two or three successive days and nights. This abuse commenced at first in the form of remonstrances against her unchaste conduct. Then it took the form of most profane and obscene epithets, coupled at last with extreme personal violence. He never applied any epithet to her except such as denoted unchastity. In the presence of others, during all the early part of this period of ten years, he treated her with due consideration. Only his children were witnesses to it, by overhearing him after he and his wife had retired. But at last the presence of his children, and finally of strangers, made little difference. These paroxysms were attended by the consumption of large quantities of liquor, and the degree of his abuse of his wife was measured, in the estimation of his neighbors and children, solely by the depth of his potations. Sometimes, exhausted by this protracted persecution, she would leave him, threatening not to return. No sooner would she be out of his sight than he seemed a changed man. He would abstain wholly from drink, become penitent and full of self-reproaches, write beseeching letters imploring her return, and even take oaths before a magistrate to abstain forever from liquor, upon which he charged all his conduct. But as soon as she comes again in his sight, the same abuse is renewed, even before they had reached the house from the cars in which she had returned. During these years, all the

testimony showed that as a father and neighbor he was exemplary. He was a man reserved in the extreme in imparting his confidences, and never, except in occasional obscure hints, disclosed his impressions regarding his wife's unchastity. He clearly did so, but in rare instances, and only to those in whom he had most implicit confidence.

His wife seemed the only person who had any idea of the true cause of his singular conduct. That she had such idea, appears from her frequently advising him to take calomel and other medicine.

In the month of June, 1862, he returned in the evening from a neighboring village intoxicated, but not as much so as on many former occasions. He commenced his abuse in the usual terms, to which she made little reply, when, as she was seeking to evade him, he struck her, while passing, with a knife, which inflicted a wound in the abdomen, of which she died about twelve hours afterwards. On the assembling of the neighbors, Hopp appeared perfectly calm and unconcerned. He calls them to witness his present sobriety, tells them the act was a deliberate one, and contemplated for the past ten years.

Just previous to his trial, the writer of this article visited him in the jail, the prisoner having no idea whatever of the person, or of the object of the visit. The prisoner is about fifty-eight years of age, rather above the common height, and of fair intelligence for one of his class. His honesty and sincerity are unquestionable, and his statements in regard to the tragedy and the ideas antecedent to it, bear the stamp of perfect ingenuousness. He went into a lengthened narrative of his troubles, commencing with the arbitration in reference to the horse. The proofs of his wife's infidelity, which he circumstantially narrates, are the merest "stuff of which dreams are made." As evidences of the trifles on which the insane base their delusions they possess a certain degree of interest.

On one occasion, for illustration, when a son was born to Hopp, certain acquaintances, and among them one of the arbiters in the horse case, assembled in honor of the event.



A toast was drunk complimentary of Hopp, especially in relation to his ability to beget children. This he regarded as clear proof that the proposer of the toast thereby acknowledged the guilt of which Hopp had previously suspected him. A remark made afterward by the same individual, that "women were good creatures," was conceived to have the same import. As was before remarked, his conviction of his wife's infidelity so widened, during the last of her life, as to include most persons who even approached his dwelling. An individual who had called to purchase some onions, in Hopp's absence, was regarded by him as the father of one of his children, and, on calling at the house some months afterwards, the child was brought out by Hopp and introduced, by way of test, as "the little onion boy." In narrating the circumstances of this introduction, Hopp concludes with the remark that if the individual thus accused had "spoke volumes of confession, it would not have been equal to the look of guilt which that introduction created."

No one at all acquainted with the manifestations of mental disease will fail to recognize a state of mind of which such ideas as the above form a texture, as insanity of the most unequivocal type. Yet, never was prisoner arraigned at the bar more completely shorn of every vestige of sympathy, or who stood so entirely alone in his extremity. Fully justifying himself in what he had done, he seemed to conceive that all he had to do was to make statements, of which the narration is a specimen, to convince all others of his innocence. He had no idea, before the trial, of the plea which was to be set up for him. No testimony against him was so unrelenting as that of his adult daughters, who urged the prosecution with a vindictiveness as great as if the blood in their veins was drawn from the most opposite sources.

An attempt was made by the expert testimony, to show that the violent conduct of Hopp for ten years before the homicide was purely the result of a delusion; that, dating from about the time of the arbitration, he was an insane man; that his insanity was evidently hereditary, though induced by the illness of which mention has been made; that his delusion

having assumed the form it did, was merely accidental, and that it was no more strange in him to have accused an innocent woman of promiscuous intercourse with chance-comers to the house, than are the innumerable other forms which the mysterious disease of insanity perpetually puts on. The cool-blooded atrocity of the act of homicide, and the indifference and self-justification of its perpetrator were shown to be strictly in accordance with the nature of mental disease, as it existed in the prisoner; that, believing her continuance in guilt was more to be deplored than her death, he had become her executioner, and, by the perverted operation of his reasoning powers, he expected justification for the act he was committing.

It was urged that the habit of drinking was not the sole cause of the homicide, as contended for by the prosecution, but a mere incident, having, quite likely, little or nothing to do with the disease; that, had his conduct proceeded from indulgence in liquor alone, he would have shown quarrelsome and violent dispositions toward others as well as his unoffending wife; that the special terms which he invariably used toward her were significant of the singleness of the idea under which he existed; that, had the fatal blow been struck as the mere impulse of a drunken fit, the consequences of what he had done would have so shocked him as to have driven the fumes of liquor from his brain at once, and produced a paroxysm of remorse, while his whole demeanor, from that time till the inquest, was that of indifference and self-justification.

It was further shown that the change which took place in the mind of the prisoner when his wife was absent, was one of the ordinary phenomena present in all cases of delusion, and in accordance with the law of mental disease; that where a delusion appends to another person, it disappears for the time being when the person is out of sight, and the fact of delusion is proved by the disappearance of the idea with the disappearance of the person to whom it relates. The clearly defined beginning of his altered conduct towards his wife, is also cited as one of the proofs that his conduct was the result of disease, and not of intemperate indulgence. It does not



appear in any testimony, that his treatment of his wife was unkind, till the time of the arbitration before alluded to ; and yet he was decidedly intemperate many years before that transaction.

Much stress was laid, in the prosecution, upon the oft-repeated declaration, "that he never abused his wife except when he was in liquor." This may all be true, and yet, if accepted as a bald statement, allows a fatal prejudice to enter into the case. It needs no wide experience to show how commonly the approach of a fit of paroxysmal insanity is signalled by an inordinate thirst for artificial stimulants, and how certainly the subject of that form of disease will avail himself of them if within his reach. William Hopp, with ample means, was always prepared thus to feed a natural excitement with an artificial one, and that he always did so, is merely proof that the coming on of the paroxysm was invariably attended with certain irresistible cravings. So far from it being a fact, that the homicide was merely the result of this indulgence, the theory is by no means untenable that the habit of drinking actually postponed the fatal tragedy, upon the well-known principle in mental philosophy, that the purposes of the will are dissipated and made ineffective under the diffusive tendencies of alcoholic stimulents. In all human probability in this instance, the fixed purpose of the lunatic was sometimes lost sight of in the windy brawl of the drunkard.

The charge of Judge Manierre is worthy of being quoted at considerable length. Viewed in the light of an attempt to make a difficult subject understood by a jury of plain men, it is certainly a success. Though there are many ideas in it at which exception would be taken, it has certainly the merit of great lucidity, and stands in striking contrast with the "muddle" uttered from the bench in the case of Real, quoted in the last *Journal of Insanity*. It may be remarked, that some of the former expositions of the law of insanity promulgated by Judge Manierre, especially in the Green case, tried in Chicago some eight years ago, entitle his views to high consideration, and will be regarded, even by those who

differ in some of them, with sincere respect. It should be explained that during the trial, the usual passage-at-arms took place between the counsel for the prosecution and a witness expert, on the subject of *moral insanity*—wholly foreign to the points of the case, and intended for mere effect. The somewhat lengthened discussion of this subject may have led the Court to the frequent allusions to it, which appear in the remarks from the bench :

#### REMARKS IN GENERAL.

“A crime,” says Judge Manierre, “is defined as a violation of a public law, in the commission of which there shall be an union of act and intention. Intention is manifested by the circumstances surrounding the act, indicating its motive or object, and the sound mind and discretion of the accused. A person shall be considered of sound mind who is neither an idiot nor lunatic, nor affected with insanity, who has a knowledge and consciousness of the distinction between good and evil. In this case, the homicide is admitted, but the accused alleges that at the time of the commission of the act his mind was so affected with insanity that his moral sense and will were subjected by it, and he was oblivious to the moral quality of the act. The law presumes the sanity of every person charged with a criminal act, and that such act is the result of volition influenced by motives acting upon the mind. Hence the burden of overcoming this presumption rests upon the accused ; but when insanity is satisfactorily shown, it is the duty of the jury to acquit, as in such case there is an absence of intention which is essential to a criminal act.

“Insanity is generally classified into moral and intellectual, and is either general or partial. Moral insanity consists in a disorder of the moral affections and propensities without any symptom of delusion or error impressed upon the understanding. Intellectual insanity is a disorder of the intellect, and is characterized by delusion or hallucination of mind, manifesting itself either in the belief of things naturally impossible, or of facts so improbable when considered in connection with the evidence upon which the belief is formed that no person in his senses could believe them. But these general definitions do not afford to the unprofessional mind a sufficiently clear and comprehensive idea of insanity thus classified and defined, to enable it to apprehend those distinctions of science and law which are necessary to the formation of a judgment



in this case. And it is due to the accused when such tremendous issues are involved as here, that those distinctions should be marked and defined with the utmost care and exactness by the court.

“The mind, in its more general sense, includes not only the powers of the understanding, as perception, reflection, imagination, memory, will and judgment, but also the moral sense or conscience, and the disposition, propensities, affections and passions. The passions, inclinations and propensities indicate the state or impulses of the mind, and constitute what are termed the moral powers as contra-distinguished from the intellectual. The action of the intellect can only manifest itself to the observation of others through the action or conduct of the individual. All actions proceed from the passions or from motives acting upon the mind and influencing the judgment and will. We judge of the character of a man by his conduct, and as that is regulated by just or evil impulses, we determine the moral constitution of his mind. When, therefore, we speak of the moral powers, we are understood to refer to the propensities, disposition or temper of the mind; whilst on the other hand, when we speak of the intellectual powers, we refer to the faculties of judgment, will and conscience.

“Thus constituted, man is regarded by law as a free moral agent, endowed with the power of volition or choice among different motives presented to the mind, and of determining whether his conduct shall be good or evil. It also assumes that every man has the power of determining whether an act is right or wrong, and it is upon the existence of this moral sense and freedom of will that all law, human and divine, bases its authority and its sanctions. If a man were obliged to do exactly what he does—if, in other words, he has no liberty of choice between good and evil, and his judgment and will must yield to any motive, impulse or passion acting upon it—then the whole system of criminal jurisprudence is founded upon an error, both fundamental and ineradicable. Free and moral agency implies the entire subordination of the passions and propensities, or moral powers, to the will, and the power of the will to control them, and assumes that all the outward acts and conduct are directed or suffered by the will, and hence that they are voluntary. On this principle, society, in all its relations, reposes. It is applied without regard to the moral training of the individual in youth, or to irritability of disposition arising from disease, or from temper, or passions habitually indulged. However perverted the moral sense or

strong and uncontrollable the passions, the individual is, nevertheless, presumed to be possessed of a sense of right and wrong, and the power to control the will and to act from choice, and this presumption cannot be rebutted by any evidence which falls short of proof of insanity.

OF INTELLECTUAL INSANITY.

“ We may now perceive more clearly what is meant by insanity, both mental and moral. And first of intellectual insanity : The characteristic mark of this affection or disorder of the intellect, is delusion or hallucination, and is either general or partial. In general mania, the hallucination extends to all kinds of objects and subjects, and generally manifests itself in frenzy or raving madness. In monomania or partial insanity, the hallucination is confined to a single object or a small number of objects. This is the species with which we have here to do.

“ Its true legal characteristic is delusive, or that state of the mind which is indicated by a belief in something in itself morally impossible. As that trees walk, statues nod ; or in the belief of a state of facts in their nature morally possible but of the existence of which there is an entire absence of all reasonable grounds of belief. It also sometimes manifests itself in a belief of a direct revelation and of a controlling and irresistible sense of obligation to obey the revealed will.

“ This state of the intellect indicates the existence of a disease which in its effects subjects the will, judgment and conscience to the imagination with respect to the subject of the insane belief. *The influence of such belief or delusion over the mind is much greater than the power of any conviction or belief in the mind of a sane person, and directs and controls the will, judgment and moral sense with inconceivably greater force.* The individual thus affected may be able, in most respects, to reason correctly on any subject beyond the range of his hallucination and be not unfitted for the intelligent care and oversight of his business. Nor is the power of judgment and reasoning disturbed in any perceptible degree, even with respect to the subject of the delusion, as his conduct and reasoning are as logical and rational with respect to it as if the facts constituting the delusion were real and not imaginary.

“ The law, as well as medical science, recognizes all these forms of mental insanity, and has certain established principles applicable to the subject. For obvious reasons a higher degree of insanity must be shown to absolve a party from the



consequences of criminal acts than to discharge him from the obligation of his contracts. A man is not to be excused from responsibility if he has capacity and reason sufficient to distinguish between right and wrong as to the particular act he is then doing, a knowledge and consciousness that the act is wrong and criminal. But in these cases it is not deemed sufficient that the individual has a general knowledge that the act is wrong in its nature, because this general knowledge may well consist with delusion as to the moral quality of the act, when considered in reference to the person and the circumstances believed to exist, and which in themselves constitute the delusion or insanity. There may be insane delusion with respect to one's moral duty under such circumstances, as well as in the belief which is the primary evidence of unsoundness of mind. From whatever cause the power of the will or conscience may be subjected or perverted by an insane affection, self-agency ceases, and acts done under the influence thereof are neither criminal nor punishable, because they are not considered voluntary. For this reason the law will excuse homicide on the ground of partial insanity in the following cases:

*“First.*—When the accused takes life under circumstances in which the act would be excusable if the facts constituting the delusion had an actual existence, and were not mere hallucinations, as in defence of life or habitation.

*“Second.*—When the act is done under a delusive belief of a Divine command and overruling necessity, or under a controlling sense of moral duty, which deludes and misleads the understanding and conscience with respect to the moral quality of the act.

*“Third.*—Where the delusion consists in the belief that a wrong has been done to the accused in a manner which, if true as believed, would not excuse homicide, but he is at the time of the commission of the act, so affected by the disease as to be incapacitated from knowing that he is doing wrong, and is unconscious of wrong. But where such knowledge and consciousness exist the accused cannot be acquitted on this ground, as the act will be treated as one of revenge.”

Certainly, the above will be accepted as very fair elucidation of the principles of mental disease, as they apply to the general order of cases. The nature, and especially the force of a delusion, (expressed in the passage italicized in the reprint,) will be regarded as very well conceived, though few

will agree in a subsequent statement that “a higher degree of insanity must be shown to absolve a party from the consequences of criminal acts, than to discharge him from the obligation of his contracts.”

The popular idea of “moral insanity” is well expressed in the following observations. All is certainly conceded which the most strenuous advocate of that distinction of a disease can desire. The industrious distribution of the “Huntington trial”—that scientific *morceau* being the sum total of the literature of insanity which many a Western law library can boast—has given those who oppose the plea of insanity indiscriminately, some excellent matter for ridicule. As before hinted, those who now sustain the plea of insanity as witnesses, have to meet the broad burlesque on the subject which this book virtually amounts to. A proposition was actually made in the Hopp trial to quote its medical opinions as the sanctioned views of “the doctors!”

#### OF MORAL INSANITY.

“As defined by those medical writers who treat this disease, it consists in the existence of some of the natural inclinations, dispositions or propensities, in such violence that it is impossible not to yield to them. It is attended with no delusion or disorder of the intellectual faculties in any notable degree, and the mind is conscious of right and wrong while under its influence. And yet, notwithstanding this consciousness the mere violence of the inclination to commit the act is so great as to overthrow all the power of resistance which the mind may be able to oppose to it. Under its influence the individual ceases to be a moral agent. When manifesting itself in the homicidal form, the inclination and desire to kill, is often indiscriminate in its violence, sometimes directing itself against the life of persons indifferent to the sufferer as well as against objects of affection and friendship, and it is impossible for him to restrain the uncontrollable fierceness of the impulse or desire. The act is never influenced by revenge or any of the passions or a desire to gain temporal advantages from the homicide. It is said to overcome the power of self-control, and to act without motive of any kind, and frequently without premeditation, and consists in the mere violence of the propensity or disposition by which the will is overcome.



“Most certainly, if this form of insanity has any existence, the doctrine of free agency can have no application to one affected with it. It is at least of exceedingly rare occurrence, and its manifestations, as it has been observed, bear a striking resemblance to crimes. Nevertheless, it is recognized by the medical profession, though it has been rejected by the English courts of justice as apocryphal. Yet it has been adopted by some courts of very high authority in this country, and what is of more consequence to us, it is impliedly recognized by the Supreme Court of this State in the case of Fisher. It is true it was not adopted in that case upon solemn consideration. Yet it must be regarded as the law of this case. But in saying this it is my duty to add that it was regarded as so perilous in the administration of justice by the Court which first promulgated it as a principle of legal science, as to induce the observation that this mania is dangerous in its relations, and can be recognized only in the plainest cases. It ought to be shown to have been habitual, or at least to have evinced itself in more than a single instance, or from its circumstances to bear unmistakable marks of instinctive and uncontrollable impulse. “Where this affection is alleged,” says Dr. Ray, whose authority is one of the chief supports of this opinion, “in excuse for crime, it must be proved, first, that it was really present; second, that it had arrived at that stage in which its impulses are irresistible; thirdly, that it should be the exclusive cause of the criminal act.”

“Governed by these rules there can be but little difficulty in determining the presence or absence of this disorder when it exists, and is really the cause of the criminal act, as it may be said that there can be no reliable case of moral insanity where any strong motive, or passion, or other exciting or adequate motive is found in the evidence. Hence, where the criminal act can be traced to a desire of gain, or to hatred, revenge, jealousy or any strong passion, excited by drunkenness, the act must be ascribed to such motive or impulse, and not to that irresistible impulse which is said to constitute the distinguishing characteristic of the disease.”

Truly unfortunate has it been for our professional specialty, that the term “moral insanity” has ever had mention. The phrase itself is a luckless invention, not only liable to an infinitude of misconception, but conveying ideas calculated wholly to mislead. It is as if there was some separate kind of insanity, located in some *terra incognita* which no man

has yet discovered, wholly independent of the brain or any of its functions or operations. What is its seat or what are the organs of its abode or production, are questions which those who employ the term are themselves puzzled to answer. It does not seem to be considered by those who give currency to the expression that its whole idea implies another centre of sensations, emotions, or passions, than their great legitimate one, the brain.

In the first place, it may seriously be questioned whether such a case as is usually described to set forth the idea, is ever actually seen. Experience brings before the mind a multitude of cases, not actually realizing the full idea, but which are close approximations to it. Now it is this close resemblance between cases which do exist and a certain ideal of disease borne in the imagination which leads us astray. The small difference which does exist between the case which every one has in hand and the ideal one, is always enough to destroy the value of the instance.

It has always seemed as if all that is included in the idea of moral insanity, might be better disposed of by a closer reference to phenomena of insanity which are of every day occurrence. Every one realizes how few of the delusions of the insane mind are ever revealed, and how readily they are revealed under one set of circumstances and concealed under others. All insane asylums abound in cases of unquestionable mental disease, where its palpable manifestations are so slight that the unskilled observer would doubt its existence. A certain suspicious reserve, a mysterious shyness of manner, some haughtiness of bearing, or some thing marked and singular in gait, or tone of voice, some strange attachment to a particular seat, or special stress applied to the doing of some trivial act, may be all that distinguishes the individual from other men. Yet one guided by experience has no hesitation in declaring such cases to be instances of latent delusion; and is prepared for the sudden exhibition of extreme or violent acts of which any of these almost unobserved antecedent peculiarities furnishes the explanatory key. In such cases, the extent of the disease is not at all measured by what appears on the surface.



The delusion which has possession of the mind may even have no outward form of manifestation whatever, that can be detected, and yet may give rise to all those singular, inexplicable, and perhaps violent acts, which a failure to explain by any anterior indications of delusion has styled moral insanity. It is very easy, especially with those much conversant with the insane, to conceive a case possessing all the attributes assigned to the form of disease here called in question; but before admitting any such case as an existing fact, the possibility of a latent delusion underlying its characteristic perversities of conduct should be deeply considered.

It may be said, in reply to this view of the subject, that it assigns to delusion too indispensable a place in all cases of insanity, whereas it is well known that in many cases of even partial mania no such feature is believed to exist. This does not necessarily follow. Delusion among the insane may be supposed to bear about the same relative part in their unnatural acts that a well defined motive does in the acts of those who reason correctly. Persons possessed of reason perform the larger portion of their acts from no actually considered motive of which they are conscious. Acts are done from an impulse which is, after all, the result of some former reasoning process. So the phenomena of moral insanity, so called, may follow some former delusive process of thought of which the individual himself has no consciousness, and which, of course, no skill of another can detect. If this explanation is not in all cases satisfactory, it at least has the merit of enabling us to pass a stumbling block now almost invariably thrown in our way whenever we appear in court.

#### THE PEOPLE'S INSTRUCTIONS.

“ In applying the principles of the law of insanity as thus defined, to the particular circumstances of this case, the Court instructs the jury on the part of the People, and in their behalf, that if they believe from the evidence :

“ *First.*—That the mind of the accused was affected with insanity, only while in a state of drunkenness, and that with a knowledge of this predisposition and of right and wrong, the accused voluntarily put himself in that state and com-

mitted the act with which he is charged, the act in that case is criminal in the same degree as if there had been no predisposition to insanity when under the influence of drunkenness.

“*Second.*—That even though the jury should find that the accused was affected with insanity by reason of a delusion in regard to his wife’s fidelity, yet if they further find that at the time he committed the act he had a perfect knowledge of right and wrong with respect to the act itself, and was under no delusion with respect to its moral quality, then the law regards him as a moral agent in the commission of the crime and subject to its penalty.

“*Third.*—That insanity produced immediately by intoxication does not destroy responsibility, and if the jury find from the evidence that the accused, while sane and responsible, voluntarily intoxicated himself and in that state committed the act, they will find him guilty.

“*Fourth.*—That if the jury believe from the evidence that the accused, when free from the influence of intoxicating drinks was uniformly sane and rational, and forbore all violence towards his wife, and that for a series of years prior to the commission of the act in question, he was accustomed, in fits of intoxication, to use violence upon her, and knew that such violence was the immediate result of such intoxication, and that having such knowledge he voluntarily made himself intoxicated on the day of the homicide charged in the indictment, and that such act was the immediate result of such intoxication, then the defendant is responsible for the crime, although he might have been laboring under some insane delusion at the time.

“*Fifth.*—That if the act was done by the accused under the influence of passions excited by drunkenness; or jealousy, or hatred, without provocation on the part of the deceased, or any danger to life or limb, that in that case the accused is not entitled to be excused from the consequences of the act on the ground of moral insanity, however strong or irresistible the passion may have been under which the act was perpetrated.

“*Sixth.*—That if the jury find that the accused was actuated by malice, jealousy, or other feeling of hatred, or from passions excited by drunkenness, at the time of the killing, then he is guilty of the crime of murder, though the jury may find that he was affected with insane delusion with respect to his wife’s chastity.”



Now, this will certainly be regarded, in view of some points in the evidence, as rather hard measure for the prisoner. The second and fourth parts of the instructions must bear upon the accused with little less than fatal effect. Granting the great material fact that the prisoner is an insane man, it hangs his only hope upon what a jury may conceive to be a "perfect knowledge of right and wrong with respect to the act itself." The effect of this position is to show that a mind may be radically diseased, and yet, upon the very point on which it is diseased, a nice and logical reasoning may, and indeed does, go on as to the quality of the act being done. It forces the prisoner to become a casuist while pressing forward to a violent act, under the irresistible control of an insane delusion. If Hopp believed, on grounds insanely wrong, that his wife was wickedly unfaithful—bringing ruin and perdition on herself, and disgrace on her family—and regarded her death as necessary, and, as he informs the by-standers after the fatal blow had been struck, "meditated for ten years," could he have had "a perfect knowledge of right and wrong with respect to the act itself," as we understand the general ability of an insane mind to compass such knowledge?

The effect of setting aside the actual degree of the mental disease as a measurement of criminal responsibility, and substituting a fancied perverted use of the canons of good logic, as applied to some unnatural transaction, is seen at once. The fatal tendency of allowing a certain knowledge of right and wrong in regard to the acts of the accused to set aside any extent of insanity without that knowledge, is clearly shown in this case. When the delusion was lifted from his mind, by the absence of the object of it, as an inducement to procure her return, he actually acknowledges the wrong of his ill treatment, attributes it to liquor, and promises, under oath, to drink no more. Yet who does not see how unjust to the prisoner is this self-conception of his wrong when it is viewed by others in connection with his disease? In the "good time coming" we shall probably have done with all this, and deal more with the simple question of the actuality and degree of

the insanity, and of the disjointing of the reasoning processes generally.

INSTRUCTIONS FOR THE DEFENSE.

“ And the Court, on the part and behalf of the accused, further instructs the jury :

“ *First*.—That if they believe from the evidence that the accused was at the time of the killing not drunk, but laboring under a fixed and insane delusion as to his wife’s infidelity and want of virtue, and that such delusion operated so powerfully upon his understanding and will as to render him incapable of perceiving or being sensible of the moral quality of the act, or knowing and acting upon the principle of right and wrong, in relation to the act, then such insanity entitles him to an acquittal on the ground that he was not a free moral agent.

“ *Second*.—That if they believe from the evidence that the act of killing was the offspring and consequence of insanity in the accused, and not induced by drunkenness, hatred or malice, and that such insanity was the offspring of delusion in regard to his wife’s chastity, and so great as to overcome the will and obliterate all consciousness of right and wrong with respect to the act, or induce a fixed and insane belief that its commission was one of duty, then the jury should acquit, although they may believe that the accused was capable of reasoning correctly, and impressed with clear perceptions of right and wrong, with respect to the act of killing in general.

“ *Third*.—That if they believe from the evidence that at the time of the commission of the act charged, the mind of the accused was laboring under an insane delusion caused by disease and not excited by drunkenness, with respect to the existence of facts, which if true would excuse homicide—as that a known felony was about to be committed—and that overcome and impelled by such delusion the accused took the life of the deceased to prevent in his insane belief the commission of the felony, then the act of killing must be considered the direct effect of disease and not of a mind capable of volition or choice.

“ *Fourth*.—That if they believe from the evidence, that the homicide committed by the prisoner was not the act of a man operated upon by motives and governed by the will, but the result of a mere uncontrollable impulse, communicated to his mind from insanity of the moral powers, and not by motives of hatred, jealousy or drunkenness or other passion impelling



to the act, then the act was one of moral insanity. But in determining this question, the jury should have reference to the more exact definition of moral insanity given in previous instructions on this subject.

“*Fifth.*—That if they find from the evidence that at the time of the killing the mind of the accused was affected with insanity caused by disease, and that the act was the effect of such insanity and not of passions or insane delusions resulting direct from voluntary drunkenness, then the defendant stands excused on the ground of insanity. But in such case the jury must be satisfied that the insanity was of such a nature as to obscure the mind with respect to the moral quality of the act or induce the belief that it was necessary in self-defence; for though insane delusion may have existed, yet if it was not of such a character as will excuse homicide, the accused is not entitled to an acquittal on that ground.

“*Sixth.*—That if they find that at the time of the homicide the accused was affected with such insanity as would excuse from the consequences of acts otherwise criminal, then the homicide is excusable on the ground of insanity, though the jury may believe from the evidence that such insanity was occasioned by past excesses of drunkenness. Where a person is insane he is not responsible criminally, although such insanity be remotely caused by indulgence in spirituous liquors. But it is otherwise if he is intoxicated at the time, and his insanity or delirium is the direct and immediate effect of such intoxication.

“*Seventh.*—That if the jury are convinced from the evidence, that the killing was the immediate effect of an insane delusion concerning his wife’s chastity, so affecting his mind as to control the will and obscure his preception of right and wrong with respect to the act, and that such state of mind was not the effect of passions excited by ardent spirits, then the act is excusable on the ground of insanity, though he may have been drinking. But the conviction of the mind on this point should be clear, and care should be taken not confound passions excited by liquor with those which are the natural effects of insanity. For if insanity existed, but would not have manifested itself in homicide if it had not been stimulated by excitements caused by liquor, then the act is not excusable on the ground of insanity. But if the jury can reconcile the evidence tending to prove drunkenness, with a conviction drawn from the evidence that the act was one of insanity and not the effect of drunkenness, it is their duty to

refer the act to insanity and acquit the prisoner on that ground.

“*Eighth.*—That if the jury shall find that the accused, before the commission of the act, was affected with insanity of a nature to obscure and overcome his moral perceptions with respect to the act committed, then the burden of proof is upon the prosecution to show that he was not affected with such insanity at the time of the killing.”

An examination of the above will show how little the accused has to hope from any instructions which will not recognize the disease and the vicious habit as two incidents, to be separately considered. The first section, for instance, can be of no effect, because the defense does not deny the fact of the drinking on the day of the homicide, probably to the extent even of intoxication. The insanity and the drunkenness are put too much in the light of incompatible states to enable the idea of the former much to aid the accused. The fatal idea that the prisoner was *either* insane or drunk, was that which a jurymen, not much in the habit of thinking, would most likely entertain; and the instructions of the Court fail to give the prisoner all the advantage which his defense claimed for him in not recognizing drunkenness as possible to be super-added to insanity, and allowing the onus of the crime to fall upon the permanent state, and not upon the accidental one. The references to the condition of drunkenness through the following sections of the chapter, except the last, sustain the same connection of the two ideas, and allow the mind the easy duty of merely holding the two states as incompatible—connecting the one always with the idea of guilt, and the other only with the possible one of innocence. If the idea of the eighth section had been the leading one through all the instructions to the jury, it is evident that a new complexion would have been given to the case.

It is an unfortunate omission in these instructions that the minds of the jury were not as much carried back to the idea of premeditation as the evidence warranted, but allowed to contemplate the act as one of impulse merely. In what does the actual guilt of the crime of murder consist? Not alone,



or principally even, in striking the blow that deprives of life, but in that premeditation which resolves on, and shapes the manner, of the deed. The law recognizes this by holding him guilty who aids or countenances this premeditation of a crime. Now, taking the prisoner's solemn declaration, an hour after this homicide, it had been the intention of years. That deliberate purpose could not have been the effect of drunkenness ; and if not, what was it but insanity ?

#### CONCLUDING INSTRUCTIONS.

“In conclusion the Court instructs the jury, that it is their duty to give a careful consideration to all the facts and opinions in proof, throwing light upon the insanity of the prisoner at the time in question. On this subject, medical opinions and evidences are entitled to attentive and respectful consideration. And if the act is proved to the satisfaction of the jury, by the weight and preponderance of the evidence, to have been one of insanity only, the prisoner is entitled to an acquittal, *though that defense should not be proven beyond all reasonable doubt.*”

Whatever of criticism may have been bestowed on any of these preceding observations, the italicized portion of the above is a concession to the plea of insanity that will certainly procure for Judge Manierre the regard of those entrusted with the interests of the insane. It is the first time, to our knowledge, that insanity has been allowed the same privilege as actual crime, in having the “benefit of a doubt.” Hitherto, while all doubt in ordinary criminal prosecutions enured to the prisoner's benefit, doubts in regard to sanity did those who denied it in plea, no good whatever. The proof of insanity must be positive, or else was set aside as of no sort of weight. Slight though this enunciation may be, it should be treasured as the dawn of new and better things in this department of jurisprudence.

The prisoner was convicted of murder, though it is believed that another trial may be had.

## BIBLIOGRAPHICAL.

*Allgemeine Zeitschrift für Psychiatrie*, No. 6, Vol. xix., and No. 1, Vol. xx.

In the above numbers the character of the leading German psychological journal is fully sustained. The opening article of No. 6, is by Professor Albers, of Bonn, and is entitled "A Synoptical representation of late writings upon Epilepsy." The author has presented in this paper an admirably condensed resumé of the subject. The second article is a report of the proceedings of the meeting of Physicians to the Insane, held in Dresden, on the 15th and 16th of September, 1862. The third paper contains a report of the thirty-seventh meeting of German Naturalists and Physicians at Carlsbad, in September, 1862, by Dr. Moritz Smoln, Secretary of the Psychiatrical section of the society.

No. 1, Vol. xx., opens with an able article on *Tabes Dorsalis*, (grey degeneration of the posterior cord,) and *Progressive General Paralysis*, by Dr. C. Westphall, first assistant physician to the insane division of the Royal Charity Hospital at Berlin. Several interesting illustrative cases are reported by Dr. Westphall. The second article discusses the "Contemporary use of ordinary hospitals for the care and cure of the insane." The third article of the number is on blood-sweating about the head in *Paralytic Dementia*, by Dr. Sérvæes.

Each number contains the usual bibliographical and miscellaneous matter.

1. *Der Irrenfreund*. Eine Volksschrift über Irre und Irrenanstalten, sowie zur Pflege der geistigen Gesundheit.
2. *Correspondenz-Blatt* der deutschen Gesellschaft für Psychiatrie und gerichtliche Psychologie.

These are monthly German journals, devoted to the interests of the insane and to psychological science. The for-



mer, "*Der Irrenfreund*"—Friend to the Insane—seems to be intended for a popular or people's journal, "*Eine Volkschrift*." It is published in a cheap form, and discusses matters relating to Asylums for the Insane, and Mental Hygiene. This interesting little publication is conducted by Dr. Koster, Director of the Provincial Asylum for the Insane at Marsburg, in Westphalia, and Dr. Brosius, Director of a private institution for the Insane at Bendorf, near Coblenz. A number of physicians and chaplains to asylums in various parts of Germany are contributors to its pages.

The *Correspondenz-Blatt*—Correspondence Leaf—has, on the other hand, a more strictly scientific and professional character, and is the organ of the German Society for Psychiatry and Judicial Psychology. Drs. Kelp, Erlenmyer and Eulenburg are its editors.

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## S U M M A R Y .

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MICHIGAN ASYLUM FOR THE INSANE.—The State Asylum at Kalamazoo was commenced several years since, and the centre building and one wing erected. At this period the wants of the insane were so pressing as to render immediate occupation necessary, and the institution was opened under the superintendence of Dr. Edwin H. Van Deusen, formerly of the New York State Asylum at Utica. Disaster by fire, and the financial embarrassments incident to the times, have since retarded the completion of the buildings. This result, we are happy to note, is now in a fair way, through recent legislative action, of speedy accomplishment. The following is the report of the joint committee to the Legislature:

"The committees of the Senate and House of Representatives, on the Asylum for the Insane, who were authorized to act as a joint committee, and to visit the Asylum, preparatory to making their report, have performed that duty, and would

respectfully present, for the consideration of their respective branches of the Legislature, the following report :

“ Your committee visited the Asylum on the 29th and 30th ultimo, and examined and inquired into the condition and workings of the institution, as thoroughly as the brief space of time which they felt at liberty to devote to that object, would allow. The facts connected with the workings of the institution, are detailed in the reports of the Trustees, and of the several officers of the Asylum, which reports the committee would recommend to the careful attention and consideration of the Legislature. But your committee would do injustice to themselves, and to the subject, if they failed to express their entire satisfaction with the management, and the evident success of the enterprise, during the short period it has been in operation—a success which your committee deem to be largely owing to the efficient and careful attention of the able and accomplished superintendent. For the last two years, while it has afforded the State a safe and quiet retreat for that most unfortunate class of its inhabitants, and has relieved, or mitigated their miseries, and carried blessings to the hearts of their afflicted friends, it has, at the same time, been really self-sustaining, so far as current expenses are concerned. The deficit in this respect, for the two years commencing December 1st, 1860, is the sum of \$469 68. At the commencement of that period, there was a deficit of \$1,731 17, which, together with that for the last two years, amounts to \$2,200 85. And your committee recommend an appropriation of \$2,200 00, to meet those deficits.

“ The arrangements for warming and ventilating the apartments of the building, and for cooking and laundry purposes, are very complete and admirably adapted to the peculiar wants of such an institution, as well as economical in their operation.

“ An air of neatness and order, of quiet and comfort, so necessary to the successful treatment of mental disease, pervades the entire establishment, giving promise of happy and beneficent results.

“ Only one of the wings of the building designed for the occupation of inmates, is at present erected. The wards of this wing, when devoted entirely to the occupation of patients, is designed to accommodate about one hundred and forty, but some portions of it, at the present time, are necessarily devoted to the domestic and business purposes of the institution, leaving ample accommodations for only about one hundred and twenty at the present time ; yet, at the time of the visit of



your committee, there were under treatment one hundred and seventy-one patients, sixty-six males and one hundred and five females. But notwithstanding this crowded condition of the institution, nothing has occurred to mar the success of its operations. No benevolent enterprise, in which our State has engaged, appeals with greater force to the philanthropy of the people, or presents stronger claims to the fostering care of the State, than that of providing for the care, maintenance and recovery of the insane.

“Other objects of misfortune demand our attention and support, but none more urgently than the insane. Delay in providing for the wants of the latter, is likely to be attended with much more serious consequences than in ordinary cases. A fair proportion of cases of insanity, not of long standing, may, by timely care and treatment, be cured, when a few months, or perhaps weeks’ delay, would render them incurable. Besides, in some cases, the safety of individuals or the security of property, requires that a safe and secure retreat should be provided for them.

“Of the amounts heretofore appropriated for building purposes, about \$42,000 remains unexpended. It is estimated by the officers of the Asylum, that an additional sum of \$58,000, making a total of \$100,000, would be nearly, or quite sufficient, to complete the north wing of the building. It would evidently be poor economy to expend half, or nearly half enough to complete the work, and then, allowing it to stand for years, before deriving any benefit from the outlay. Many of the current expenses of the institution, such as fuel and apparatus for warming and ventilating the rooms, the engines and machinery used for these and other purposes, the salaries of officers, the wages of the engineers, &c., are expenses common to the whole establishment, and would be but slightly increased, comparatively, if the building were completed, and the number of patients increased to the full capacity of the institution, when completed. Your committee are not insensible to the fact that the State is, at present, laboring under heavy burdens, imposed upon us by the war, but from the foregoing considerations, they are forced to the conclusion that an enlightened economy, as well an enlarged philanthropy, demands the completion of the buildings at the earliest practicable moment. They have therefore instructed their chairman to recommend that the necessary appropriation be made, and also to report to the Senate a bill to provide for the appropriations herein recommended, and asked to be discharged from the further consideration of the subject.

ON THE PATHOLOGY OF CEREBRAL EFFUSION.—Effusion of serum into the cavity of the cranium occurs, first, in that disease of children known as *hydrocephalus*; second, it occurs in that disease known as the *general paralysis* of the insane, and often in cases of chronic mental disease; third, it occurs also in that condition of congestion of the vessels from active engorgement, resulting in disease known as serous apoplexy; fourth, it occurs again, in that congestion resulting from passive engorgement of the cerebral vessels.

The cases occurring thirdly and fourthly, are susceptible of satisfactory explanation. The first two classes are involved in some obscurity. Hydrocephalus is regarded by some writers as an idiopathic disease; while, on the other hand, it is considered rather as a symptom. Writers of large experience and observation regard hydrocephalus and tubercular meningitis as identical. Barthez and Rilliet, Andral, P. Hennis Green, and Dr. Gerhard, coincide in this opinion. We are to regard, then, the presence of tubercular deposits in the serous membranes of the brain as giving rise to two stages of disease, differing widely. The first is a stage of acute inflammation of the membranes induced by irritation of tubercular matter. The engorgement of the capillary vessels is attended by serous effusion, the extent of which depends upon the severity of the acute stage. After the acute stage has abated, however, the effusion may progress—the sutures give way, and the head assumes that dropsical appearance which gives to the disease its name.

We cannot account for the continued accumulation of serum, on the subsidence of the acute stage, on the supposition that the condition of active inflammatory engorgement continues. Neither will it suffice to say it depends upon debility of the absorbents. We must look upon hydrocephalic effusion, as we regard any dropsical accumulation, as resulting solely from interruption of the venous circulation.

Dropsical accumulation within the cranium, while it may be detected in children, is not usually known in the adult until revealed by *post-mortem* examination. It is, however, one of the frequent appearances, we might almost say it is the invariable appearance, after death from general paralysis and chronic mental disease involving the membranes.

Effusion of serum, in these cases, so far as our observation goes, is accompanied by thickening of the membranes particularly the pia mater and dura mater. The thickening of the membranes bears to the dropsical effusion the important relation of cause to effect. It is the product of inflammation,



and, as the effused lymph becomes organized, the calibre of the more readily yielding venous capillaries is narrowed. Here the obstruction to the returning venous current begins. The chief seat of obstruction is, however, located at the exit of the venous trunks from the cranium. These will be found reduced in size.

In conclusion we may remark, this condition of the intracerebral circulation explains those apoplectic seizures, the result of sudden congestions, that occur in the course of general paralysis, and the atrophy of the brain substance which is apparent when traces of chronic inflammatory disease are seen. We may also understand how nearly analogous to other dropsies is effusion into the cranium, commencing and progressing as it does.—*John B. Chapin, M. D., in American Medical Times, March 14, 1863.*

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THE EVILS OF YOUTHFUL ENLISTMENTS—AND NOSTALGIA.—The Surgeon General U. S. A., in his recent report to the Secretary of War, justly deprecates the policy of enlisting youths who have not attained their proper majority. The statistics and experience of the U. S. Army conclusively demonstrate, that persons received at the minimum standard of 18 years, are, in the majority of cases in this country, not sufficiently matured in mind and body to undertake successfully the arduous duties of a soldier. These young recruits readily contract the various diseases incident to camp life, and are extremely liable to prove a burden to the service, while prematurely their health is seriously undermined, if not ruined forever.

In France, where the conscript is drafted at the age of 18 years, and sometimes younger, he is allowed a period of probation, before being ushered into the severe exposure and variable climate to which he may be liable in after life. The French train up even their children to look and to be soldiers; therefore, on entering the service, they require only to perfect themselves to act in large bodies, to guard their health, and to learn the exercise of some particular arm. These raw levies are in times of peace treated with great leniency in respect to their tender years, and thus cautiously they are brought to a maximum state of development and hardihood. The robust and most proficient of them, after due trial in the "regiments of the line," are selected to fill up the ranks of the regiments whose names have long been familiar in every land.

The real military strength of the United States rests in its volunteer system, which however imperfect it may be, has of

late astonished the civilized world by the number and prowess of its legions. Much depends on the medical staff to render this system efficient. Hence, instead of being anxious to obtain numbers, all officers should be governed by a desire to select none but serviceable men. Like rules should govern both the volunteer and regular service in enlisting recruits. Yet at present in this respect how widely they differ! Cases in which young men, although victims to some incurable disease, are solicited to enter the army, and with a mere farce of an examination on the part of their officers, are passed, are by no means rare, as the records of our general hospitals can attest. The reason usually given for this loose manner of filling up companies, is that the law demands a certain number of men before the regiment can be mustered into service, and consequently a large percentage of these unsound persons are received as soldiers. These soon strikingly exhibit their inability to fulfil their sworn obligations, and are turned over to the hospitals, where they undergo thorough examination before being discharged. If the cost to the government of clothing, equipping, transporting, feeding, furnishing medical attendance, and paying these military impostors, were accurately computed, the amount would no doubt startle the reader, and might cause the evil to be immediately corrected by proper legislation. In the regular army the folly of enlisting poor material is well understood by both officers and men; therefore the recruit is subjected to the most rigid examination, and even then may be taken on trial at some depot for recruits, and again be submitted to a scrutinizing inspection, before being admitted into his future company and regiment.

The fresh and youthful American volunteer leaves his home flushed with patriotism, and animated by new associations. If he be from the rural districts, he is to all appearance the personification of perfect health. Stimulated by bright anticipations of the future, he may for a time resist the inroads of disease; but in a few months the novelty of long marches, guard duty, exposure, and innumerable hardships, has vanished, his mind begins to despond, and the youth is now a fair victim for fever or some other terrible scourge that is to wreck his constitution and blight his hopes. In contrast with his case is that of his older and more sturdy companion. In him we see the *man developed* before quitting his peaceful pursuits. Both are tried by the same surrounding influences, yet the balanced mind of the latter acknowledges but few wordly disappointments, and his physical economy, by obey-



ing the judicious laws of hygiene, soon adapts itself to the man's new mode of existence. The very young soldier, it has been remarked, wears better in the cavalry than in the infantry branch of the service, and in that sphere he may have a chance to cope successfully with his hardier comrades. It is perhaps the exciting and healthy life he thus leads, the attachment he quickly forms for his horse, and his ambition to excel, that buoy up his spirits and strength against contagion in its worst forms.

The importance of strict discipline in preserving health is not at first recognised by new military organizations. Without it little can be done towards keeping clean the quarters of the men, their accoutrements, and their persons, which, taken collectively, are not unfrequently the exciting causes of many epidemics. The selecting of suitable camps, and the paying strict attention to the cooking of soldiers' rations, are responsibilities resting upon officers, and no light ones either, if they have the least desire to promote the comfort and welfare of those under their charge. It is by a lack of discipline, confidence, and respect, that many a young soldier has become discouraged, and made to feel the bitter pangs of home-sickness, which is usually the precursor of more serious ailments.

That peculiar state of mind denominated nostalgia by medical writers, is a species of melancholy, or a mild type of insanity, caused by disappointment and a continuous longing for home. It is frequently aggravated by derangement of the stomach and bowels, and is daily met with in its worst form, in our military hospitals and prisons, and is especially marked in young subjects.

The symptoms produced by this aberration of the mind, are first, great mental dejection, loss of appetite, indifference to external influences, irregular action of the bowels, and slight hectic fever. As the disease progresses it is attended by hysterical weeping, a dull pain in the head, throbbing of the temporal arteries, anxious expression of the face, watchfulness, incontinence of urine, spermatorrhœa, increased hectic fever, and a general wasting of all the vital powers. The disease may terminate in resolution, or run on into cerebral derangement, typhoid fever, or any epidemic prevailing in the immediate vicinity, and frequently with fatal results. Among young prisoners of war it is the worst complication to be encountered, as the writer can truthfully affirm, after a few months' experience in treating several hundreds of these prisoners under the most favorable circumstances.

Fresh troops serving in the extreme South, where mail communications are irregular, and where the climate is very debilitating, suffer terribly from this affection. The hospitals of New Orleans and its vicinity, during the past summer, were filled with such cases, complicated with fevers and diarrhœa. The majority of them were young men from the Eastern States, whose love of home and kindred is a characteristic trait.

The diagnosis of nostalgia is not difficult in its early stages, although the patient may be unwilling to confess his mental weakness. It may possibly, however, be confounded with a depressed state of the mind, resulting from unexpected and sad intelligence.

The treatment of nostalgia would appear very simple, could we always at its onset remove the exciting cause, by allowing the patient the free exercise of his will; but from obvious reasons this is usually an impossibility. The strict rules, usages, and exigencies of military service are insurmountable barriers against granting too free indulgence to soldiers. The surgeon must carefully attempt to relieve the patient's mind of its injurious burden by other means, such as kindness, free exercise, bathing, and agreeable associations, while he improves the tone of the stomach and bowels by generous diet and tonics. In cases where complications exist, notwithstanding his zealous efforts, the symptoms will frequently baffle his skill and then as a *dernier ressort*, and in order to save life, or prevent permanent disability, he must recommend the man's discharge from the service.—*De Witt C. Peters, Asst. Sur. U. S. A., in American Medical Times, Feb. 14, 1863.*

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The following bill, introduced into the Legislature, has passed the Assembly, and been ordered to a third reading in the Senate :

AN ACT FOR THE APPOINTMENT OF A COMMISSIONER OF LUNACY FOR THE STATE OF NEW YORK.—SEC. 1. A Commissioner of Lunacy shall be appointed by the Governor, with the advice and consent of the Senate, who shall hold his office for one year, whose duty it shall be to make a personal inspection of all poor-houses and alms-houses, and all public or private institutions, in which insane persons are confined in this State, and inquire into the condition of the insane in such institutions, and report to the next Legislature the result of his investigations, and recommend some suitable plan or mode of improving their condition.



§ 2. Said Commissioner shall be a physician duly qualified to discharge the duties imposed by the first section of this act, and be entitled to a compensation of two thousand dollars per year, besides three dollars per day for expenses while actually engaged in the visitation and inspection of such poor-houses, alms-houses, and public and private institutions under this commission.

§ 3. This act shall take effect immediately.

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THE SEVENTEENTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE, will be held at the Metropolitan Hotel, in the city of New York, on Tuesday, May 19th, 1863, at 10 A. M.





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